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BOROUGH OF STOCKTON-ON-TEES



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND REPORT ON THE
SCHOOL HEALTH SERVICE
1953

HENRY J. PETERS, M.B., B.S., B.Hy., D.P.H., D.P.A.
MEDICAL OFFICER OF HEALTH

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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953

To the Town Council of the Borough of Stockton-on-Tees

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1953, which sets out in some detail the statistics of the Borough and indicates health trends during the year.

I record, with very great regret, the death on November 22nd, 1953, of Alderman Mrs. M. J. Frankland, who had been a member of the Borough Council since 1940 and Chairman of its Health Committee since 1945. Despite indifferent health which plagued her for several years prior to her last illness, Mrs. Frankland continued to devote, in most generous measure, her time, energy and considerable experience to a wide range of public duties, chiefly concerned with the health and well-being of the community.

The Borough's comparatively high birth rate was maintained during the year, the rate per 1,000 of the population being 19·28, a slight increase on last year's rate of 19·26 and considerably higher than the rate of 15·5 for England and Wales. The Registrar General's estimate of the population as at the end of June, 1953, was 74,240. Later in the report statistics are given which analyse the nature of the increase in the population of the Borough between the years 1901 and 1951. The figures reveal that since the 1931 census the female population of the Borough has outnumbered the male population. They also demonstrate the large increase in the proportion of the population aged 65 years and over. In the last 80 years the expectation of life of a newly born infant has increased by over 20 years. The increased expectation of life combined with a lowered birth rate have inevitably led to a considerable increase in the proportion of elderly persons in our community and this has created difficult problems in relation to their welfare.

In the body of this report a comparison is made between the death rates for 1902 and 1952. The statistics demonstrate the magnitude of the progress made during the first half of the present century in the preservation of human life. The total number of deaths in 1953 was 805, a slight increase on the figure of 791 for 1952. The death-rate at

10.84 per 1,000 of the population is a fractional increase on last year's record low rate of 10.71. There was some increase in the number of deaths attributed to bronchitis, pneumonia and other respiratory diseases, cancer, tuberculosis and violence. Diseases of the heart and circulatory system again caused the greatest mortality and were responsible for 292 deaths, 28 less than the number of deaths caused by these diseases in 1952. Whereas the total number of deaths due to these diseases showed a fall, the number of deaths due to coronary disease rose from 97 in 1952 to 126 in 1953.

In the paragraph of the report dealing with these diseases a table is given showing the deaths from coronary disease and angina classified according to age, sex and occupation. It is interesting to note that 41 of the 123 deaths from these diseases occurred among housewives and that of these 41 deaths, 29 occurred at the age of 65 or more years. Those in the managerial and professional class of workers experienced a mortality from these diseases more than twice as great as that experienced by skilled workers. The total mortality was twice as great in males as in females. About one-fifth of the total mortality occurred between the ages of 25 and 55. In males one-quarter and in females approximately one-tenth of the mortality occurred between these ages. Thus among males the proportion of deaths from coronary disease and angina occurring before the age of 55 years is more than twice the proportion occurring among females before this age.

Nearly one-third of the total number of deaths occurred among those who had attained the age range of 70-79 years inclusive and not far short of one-fifth among those who had reached the age of 80 years or over.

The total number of deaths from cancer in 1953 was 132, ten more than in the previous year. The deaths from cancer of the lung numbered 24 in 1953, as compared with 17 in 1952. This is the highest number since 1950 when cancer of the lung was first shown under a separate heading in the causes of death supplied by the Registrar General. In 1950, 1951, 1952 and 1953, the total number of deaths from this cause was respectively, 14, 22, 17 and 24. The number of deaths from lung cancer occurring in females in 1950, 1951, 1952 and 1953 was respectively, 1, 8, 3 and 1. Recently there has been much publicity concerning the relationship between smoking and cancer of the lung. An

appendix to this report sets out the Minister of Health's written reply to a Parliamentary question on the advice tendered to him by the Standing Advisory Committee on Cancer and Radiotherapy. In the course of a press conference the Minister made it plain that the Government felt they had a moral responsibility to make this advice known to the general public.

It is obvious that, though there is a relationship between smoking and cancer of the lung, smoking is not ~~the~~ cause of this form of cancer as it occurs in those who have never smoked. The exact relationship between cancer of the lung, smoking and other factors, for example, atmospheric pollution has still to be determined. It has not yet been proved that tobacco smoke contains a carcinogenic agent. In my view, the present state of our knowledge warrants the following advice. Those who have never smoked, particularly young people, should think very carefully before embarking on a practice which has an, as yet, undetermined relationship with cancer of the lung. All who continue to smoke should avoid excessive smoking.

There has been much research into the relationship between atmospheric pollution and lung cancer. As far back as 1947, Dr. P. Stocks found a connection between the hours of sunshine experienced by 20 large towns and lung cancer death-rates. In his view the only explanations "which seem adequate are that either smokiness of the atmosphere is an important factor in itself in producing cancer of the lung, or sunshine is an important factor in preventing its incidence." We know that the polluted atmosphere does contain substances capable of producing cancer in animals under experimental conditions and that the smoke from domestic chimneys is the major factor in the production of these substances. It still remains uncertain, however, whether their presence in the atmosphere is causally related to lung cancer. We do not tolerate the presence of potentially harmful substances in our water or food supplies and it is only elementary prudence to take all practical measures to prevent such substances polluting the atmosphere.

Power stations and industrial concerns are responsible for approximately half the pollution of the atmosphere, the remainder being caused by the domestic chimney. The provision of supplies of smokeless fuels on an adequate scale and at a reasonable price would be of considerable assistance in diminishing the pollution of the atmosphere caused by the

domestic chimney. At present, however, less than one million tons of smokeless fuels are put on the domestic market each year, as compared with 35 million tons of coal and 3 million tons of coke. Furthermore, smokeless fuels cost considerably more than coal or coke. A simplification of the procedure for the establishment of smokeless zones would encourage a more general adoption of these zones by local authorities.

Power to establish a smokeless zone is obtained by means of a local Act. Manchester was the first local authority to establish a smokeless zone. It has been so successful that its further extension is now being planned. Coventry is also planning the extension of its smokeless zone. About 17 other local authorities have now obtained powers to establish these zones. It has been estimated that the Manchester smokeless zone is preventing the emission into the atmosphere of over 3 tons of smoke per week. The number of these zones it is possible to establish in the country is, of course, dependent on the availability of smokeless fuels and appliances. Nottingham and Bradford have established without resort to legislation what are in effect smokeless zones. On large post-war housing estates they have made the use of smokeless fuels a condition of tenancy.

Under existing legislation action may only be taken after a nuisance has been committed. Action is limited to smoke from industrial undertakings and certain industrial processes are exempted from the provisions of the Public Health Act, 1936. The "best practicable means" defence gives rise to difficulty in taking proceedings under the Act. New legislation of wider scope is required and its bias should be the prevention of a nuisance rather than the taking of action after a nuisance has arisen.

Recordings of the amount of pollution in the Borough were taken during the year and the Tees-side Smoke Abatement Committee met regularly. The report contains details of the results obtained from the recording apparatus. One of the most useful meetings of the Tees-side Smoke Abatement Committee was the one attended by the Tees-side members of parliament. Their attendance at this meeting enabled our representatives in parliament to obtain useful and detailed information regarding the problem of atmospheric pollution as it affects this area.

Though the infant mortality rate is higher than last year it is the second lowest on record. The rate for 1952 was 25.31 per 1,000 related live births, by far the lowest

rate ever recorded in the Borough. The rate for 1953 was 30.74. The increase is accounted for by a large increase in the number of infant deaths due to congenital malformations. The number of infant deaths due to this cause was 14 as compared with 3 in the previous year. The total number of infant deaths in 1953 and 1952 was respectively 44 and 36. The infant mortality rate for England and Wales during 1953 was 26.8.

Last year mothers were exhorted to make full use of the vitamin products available under the Welfare (Foods) Scheme. There is evidence that the frequency of still-births and premature births can be diminished if mothers receive a suitable diet during pregnancy. The vitamin products obtainable under the Welfare (Foods) Scheme provide an excellent means of ensuring that pregnant mothers receive in their diet substances essential for the normal development of the children they are bearing. These products also provide vitamins which are necessary for the proper nutrition of young children and nursing mothers. During the last quarter of 1953 the actual up-take in the Stockton area of orange juice, cod-liver oil and vitamin A and D tablets was 29.7%, 27.9% and 22.8% respectively of the potential up-take.

The situation in regard to the prevalence in the Borough of the acute infectious diseases may be regarded as satisfactory. No case of diphtheria occurred during the year and this is the first occasion on which it has been possible to record in this report the entire absence of this disease. The incidence in the Borough of the acute infectious diseases compares favourably with their incidence in the country as a whole. Whooping cough was the only acute infectious disease with an incidence in the Borough considerably higher than in the country as a whole. The incidence of measles, acute poliomyelitis, food poisoning and puerperal pyrexia was considerably less in the Borough than in England and Wales. The total number of corrected notifications of the acute infectious diseases received in 1953 was 1,205, an increase of 49 on last year's figure of 1,156. The incidence of whooping cough increased considerably, the number of cases notified in 1953 being 456 as compared with 216 in 1952. Nine cases of meningococcal infection were notified, an increase of 5 on the number notified in the previous year. The number of notified cases of measles dropped from 736 in 1952 to 540 in 1953 and the number of cases of acute poliomyelitis from 10 to 4. During 1953, measles caused

one death and was the only acute infectious disease responsible for any mortality.

The absence of diphtheria during the year under review demonstrates the value of diphtheria immunisation. Freedom from this disease is dependent on parents taking full advantage of the facilities for immunisation either through their own doctor or the health department. It should be remembered that diphtheria when it does occur is a highly dangerous disease. In the interests of their children and of the community all parents should ensure that their children receive the protection afforded by immunisation against a disease which, if contracted, may prove fatal.

During 1953 the incidence of tuberculosis in the Borough remained at the low level experienced in 1952. The number of new cases notified in 1953 and 1952 was the same, namely 69. The incidence rate per 1,000 of the population was 0.85, a reduction on the previous year's record low rate of 0.93. The total number of deaths rose from 18 in 1952 to 27 in 1953. Respiratory tuberculosis was responsible for this increase; the number of deaths from non-respiratory tuberculosis fell from 5 in 1952 to 1 in 1953.

There were 12 deaths from accidents in the home during 1953, 2 more than in 1952. Those members of the public health service whose duties take them regularly into the homes of the people have an opportunity of playing a vital part in the prevention of these accidents. Sanitary inspectors, health visitors, domiciliary midwives and home nurses can exert an important influence by repeated verbal advice as the opportunity presents itself and by pointing to any dangerous circumstances they may observe in the homes they visit. This education like other forms of health education is a continuing need and its importance should never be lost sight of by those health workers privileged to help the family in its home.

Accidents in the home caused 6,249 deaths in Great Britain in 1952. Approximately one-fifth of the annual number of deaths affect children under five years of age. Apart from the mortality they cause, these accidents are responsible for a large amount of suffering and anxiety and many of the victims are left permanently handicapped. Their treatment often necessitates a comparatively long stay in hospital and places a severe burden on the resources of the hospital service. It has been estimated that the cost of hospital

treatment of home accidents in Great Britain is in the region of £5,000,000 a year. The cost of treating these accidents in the Birmingham Accident Hospital amounted to £52,000 in a single year. The health department has a duty to prevent as far as practicable avoidable mortality and morbidity from these occurrences. Timely advice repeated as often as opportunity permits may avert many tragedies.

Up till comparatively recently the scope of preventive medicine was largely concerned with the prevention of illness and death brought about by the infectious diseases. It is now well recognised that its scope has considerably widened and that it may exert a beneficial influence on the well being of the community in many ways other than the prevention of diseases infective in origin. This receives recognition in the National Health Service Act of 1946. Under section 28 of the Act local health authorities may make arrangements for the purpose of the prevention of illness. The diminished mortality of children from infections of one kind and another has brought into prominence the mortality caused by accidents in the home and the prevention of these accidents is now rightly the concern of those engaged in preventive medicine.

The Home Safety Advisory Committee continued to fulfil a very useful function during the year. Its membership includes members of the Council's Accident Prevention Committee and representatives of voluntary organisations in the town. The Town Clerk acts as secretary and the Medical Officer of Health as chairman. This ensures a close liaison with the health department and the Accident Prevention Committee. Through the courtesy of Mr. J. Wilkinson, Secretary of the Stockton and Thornaby Hospital, I am able to submit to the advisory committee statistics regarding accidents in the home which have been dealt with at the hospital. The committee regularly receives details regarding deaths which have resulted from home accidents. At each meeting a short talk or film show is given on some aspect of the home accident problem. The members of the committee who belong to voluntary organisations are thus able to convey useful information on the causes and prevention of these accidents to their respective organisations. Representatives of the local press are invited to all meetings, thus providing an opportunity for the work of the committee to reach a wider public. The primary purpose of the Home Safety Advisory Committee is to enlarge public awareness

of home accidents as a cause of death and injury and this is an essential step in their prevention. More information is given later in the report regarding the work of the committee.

An appendix to this report gives the average national cost of treating and maintaining a patient in various types of hospital as detailed by the Ministry of Health in reply to a parliamentary question in December, 1953. The average cost for a general hospital works out at over £14 per week. It is interesting to note that the average cost for an infectious diseases hospital is £17 per week. The considerable reduction in recent years in the number of cases of diphtheria and other acute infectious diseases requiring hospital treatment represents a considerable economic saving to the community in relation to the cost which, in the absence of this reduction, would have been incurred by their treatment in hospital. The diminished requirement for acute infectious disease beds allows beds previously needed for these diseases to be used for other purposes. A local example of this is the conversion of the Stockton Isolation Hospital to a Children's Hospital.

The hospital service costs approximately £260 million a year. The local health authority by means of its domiciliary services, for example, home nursing, domestic help and after-care services and by the provision of hostels for the elderly can do much to help the hospital service and ease the demand for hospital beds. The domiciliary services provided by a local health authority will often enable a patient to be cared for at home who would otherwise have to enter hospital and in many instances will make it possible for a patient to be returned home from hospital earlier than would be the case in the absence of these services. The provision of domiciliary services may at first sight appear expensive. It should not be forgotten, however, that the cost of caring for a patient in his own home is very much cheaper than the cost of treating him in hospital. Similarly it is considerably cheaper to accommodate an elderly person in a hostel than in a hospital and the majority of elderly persons, who because of infirmity cannot live at home but do not require hospital treatment, would much rather enter a hostel than a hospital. Close co-operation between hospital management committees, local authorities and medical practitioners can achieve much in the economic use of hospital beds.

The large expenditure on the hospital service emphasises the importance of preventive medicine. The reduction of this expenditure depends on the adequate development and use of the services provided by local authorities and the success of preventive medicine in preventing illness and promoting health. Failure to secure the maximum development of the preventive services is obviously false economy.

The domiciliary services are of particular importance in relation to the welfare of the elderly. Schemes for the care of this section of the population should be directed as far as possible to assisting them to continue to live in their own homes. The main emphasis should centre round the domiciliary services rather than the hospital or the hostel. The hospital and the hostel for the aged should be regarded as the last resort. Elderly persons very naturally prefer to remain in their own homes and the adequate provision of the various domiciliary services by local health authorities will greatly assist them to do so. Since 1891 the proportion of the population aged 65 years and over has risen from 5% to 11% and may reach 20% by 1980. The financial cost of meeting the needs of this ever increasing section of the community is therefore an important consideration. It is all to the good that, as it happens, the cheaper method of providing for their requirements is also the one more in conformity with their wishes.

The increased expectation of life and the growing proportion of elderly people in our midst require a re-orientation of our views in regard to the age of retirement. Physiological rather than chronological age should be the criterion in this matter. It benefits the community and also the health and well-being of the individuals concerned that those who are able and willing to work should have the opportunity of doing work appropriate to their capabilities even though they have attained the traditionally accepted time for retirement as measured by their chronological age.

The provision of adequate housing accommodation for every family is still one of the most urgent domestic problems which face the nation. The considerable success achieved by the Borough Council in the provision of new houses is evident by the fact that during 1953 the Council built 806 houses, which is more than the number built during that year by any other local authority in the Tees-side area. The provision of new houses is generally speaking the best method of meeting the housing shortage. With the best

possible progress in building, however, it is inevitable that many families will have to occupy old houses which, though they may be structurally sound, lack the amenities necessary for healthy living and a reasonable standard of comfort. Childhood is a comparatively short experience in the life of man. A relatively few years represent a large part of one's childhood. What happens to a child during those years and, in particular, the character of its home environment may profoundly affect the health and behaviour of the child throughout the remainder of its life. It is therefore very well worthwhile endeavouring to do everything possible to improve the housing amenities of those families who will inevitably have to occupy sub-standard houses for a considerable number of years.

During 1953 the Council made improvement grants under Part II of the Housing Act, 1949, in respect of 15 dwellings. Among the grants made by the Council was one in respect of four terrace houses which were used in the experiment known as "The Stockton Test." The work of conversion was carried out whilst the tenants continued to live in their houses and has enabled them to enjoy modern housing amenities at a very reasonable rent. The chief sanitary inspector co-operated in the making of an excellent documentary film of the experiment which won an award at last year's Edinburgh Festival.

At the end of the report I have included information in respect of the services which were transferred to the County Council under the National Health Service Act, 1946. The Borough is an excepted district under the Education Act, 1944, and information is also included in this report on the work of the school health service during 1953.

In previous reports attention has been drawn to the great difficulty of obtaining residential accommodation for mentally defective children. Some of these children have been on the waiting list for this type of accommodation for several years. Their presence in the home often imposes a severe burden on parents. The Ministry of Health and the Newcastle upon Tyne Regional Hospital Board are, however, well aware of the urgency of this problem.

During 1953 the immunity against diphtheria of 727 school children attending the infant departments was further strengthened by giving them a reinforcing dose of the immunising agent. In addition 286 school children in

attendance at infant departments who had not received this protection during infancy were immunised against diphtheria.

In conclusion I desire to thank the Chairman and Members of the Health Committee for their interest and encouragement and the Chief Officials of the Corporation for their ready help and co-operation at all times. My grateful thanks are also due to those who have helped in the preparation of this report and to all members of the staff of the various sections of the health department for the useful work they have done during the year.

I have the honour to remain,

Your obedient servant,

HENRY J. PETERS,

Medical Officer of Health.

BOROUGH OF STOCKTON-ON-TEES
MEMBERS OF THE TOWN COUNCIL AS AT 14th MAY, 1954

*†His Worship the Mayor (Alderman P. Horner)

*Alderman C. W. Allison, O.B.E., J.P.	*Councillor D. Evans
„ C. R. Booth	„ T. Fewster
† „ T. W. Croft	† „ F. Glass, J.P.
* „ J. C. Hudson, J.P.	„ R. T. Griffiths
* „ J. T. Johnson	† „ R. Hannah
† „ M. M. Kelly (Chairman, Building and Medical Service Sub-Committee)	*† „ K. W. Heslop (Chairman, Health Committee)
† „ W. Lillystone	* „ Mrs. M. Laverick
† „ A. Ross, J.P.	† „ N. Laverick
„ A. Smith	* „ L. R. Lewis
*† „ J. Spark, J.P.	† „ E. V. Mason
*Councillor C. V. Armitage	„ C. McCune
„ Mrs. G. W. Atkins, J.P.	„ P. J. Milne
„ H. C. Atkinson	* „ J. H. Mortimer
* „ E. Brown	*† „ Mrs. M. Scott
† „ N. E. Brown, M.M.	* „ T. G. Slater
„ J. P. Burke	„ G. T. Smith
„ V. Clough	„ R. T. Stainsby
„ T. A. Crawford	† „ E. W. Temple
* „ J. S. Darby	„ G. T. Wallis
* „ Mrs. E. L. Davies, J.P.	† „ F. T. Webster, M.B.E.
	„ E. Wiseman
	„ F. E. Wiseman
	† „ R. D. M. Youngson, C.C.

Co-opted Members :—

†Mrs. E. O. Bennison	†Mr. N. Winn, J.P.
†Rev. Father F. M. Duffy	†County Councillor Davis
†Mr. R. Stewart	

*Members of Health Committee	†Members of Building and Medical Service Sub-Committee
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The Health Committee deals with all general public health matters including slum clearance and work under sections 9, 10 and 11 of the Housing Act, 1936.

The Borough of Stockton-on-Tees is an Excepted District under the

Education Act, 1944, and the Building and Medical Service Sub-Committee deals with all matters affecting the School Health Service.

OBITUARY

On 22nd November, 1953

Alderman Mrs. M. J. FRANKLAND, J.P.

Chairman of the Health Committee

1945—1953

MEMBERS OF THE AREA HEALTH SUB-COMMITTEE

(Formed by the Durham County Council as a Sub-Committee of the County Health Committee to assist in the administration of the Part III Services under the National Health Service Act, 1946).

Members appointed by the Durham County Council—

County Councillor	County Councillor G. Williams
Mrs. G. M. Atkins, J.P.	„ „ T. Scott

Members appointed by the Town Council—

Councillor Mrs. E. L. Davies,	Alderman J. T. Johnson
J.P. (Chairman)	„ J. Spark, J.P.
Alderman C. W. Allison,	Councillor H. C. Atkinson
O.B.E., J.P.	„ K. W. Heslop
„ J. C. Hudson, J.P.	„ T. G. Slater

Members Co-opted by the Durham County Council—

Mrs. E. O. Bennison	Mrs. M. Scott
Mr. J. Mallaby, J.P.	

STAFF

Medical Officer of Health, Borough School Medical Officer, Area Medical Officer (No. 12 Area, D.C.C.'s Scheme of Divisional Administration)—

Henry J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.

Assistant Medical Officer of Health and Assistant School Medical Officer—

Patrick F. Darcy, M.B., Ch.B., B.A.O. (Resigned June, 1953)

James Carroll, M.B., B.Ch., L.M., D.P.H., D.C.H.

(Appointed November, 1953)

Chief Sanitary Inspector—

*Ernest Varley

District Sanitary Inspectors—

*A. Kenyon

*A. R. Metcalfe

*F. R. Allan

*C. H. Carr

*Cert. San. Ins. Jt. Board. Meat & Food Cert. R.S.I.

Chief Clerk—

H. Kipling, San.Ins.Cert.R.S.I.

Clerks—

W. E. Bell

Miss S. Prest

Mrs. J. I. Prater

J. A. Smith

Miss F. M. Bertram (D.C.C.)

Rodent Operative—

R. Masters

(School Health Service)

Assistant School Medical Officer—

Maureen O'Gorman, L.R.C.P. and S.I.

School Dental Officers—

Frank R. Cadigan, L.D.S.

Consultant Ophthalmic Surgeon (Part-time)—

A. E. P. Parker, M.B., B.S., F.R.C.S.

Consultant Nose, Throat and Ear Surgeon (Part-time)—

J. B. T. Keswick, M.B., Ch.B. (Resigned 30th April, 1953)

Speech Therapist—

Miss Muriel Knight

Orthoptist—

Mrs. W. Martin

Psychiatrist—

D. J. Salfield, M.D., B.Sc., D.P.M.

Educational Psychologist—

Miss M. F. Wylie, M.A., Ed.B.

School Nurses—

Mrs. K. Cahill, S.R.N., S.C.M.	Mrs. E. Whitehead, S.R.N., S.C.M.
Miss D. M. Johnson, S.R.N.,	Mrs. L. M. Stawski, S.R.N.
S.C.M., H.V.	Mrs. D. B. Morris, S.R.N.
Mrs. E. Minto, S.R.N., S.C.M.	(Appointed 1/6/53)

Dental Attendants—

Miss D. Whinfield

Clerks—

Miss J. Hall	Miss J. Rowland
Miss J. Fielding	(Appointed 1/9/53)
Mrs. E. Williamson	
(Appointed 1/9/53)	

**(Staff employed by the County Council for work in the No. 12 Area—
Stockton Borough)**

Health Visitors—

Mrs. C. Cameron	Mrs. J. Aiston
Miss M. Shaw	Miss F. M. Kirby
Miss A. M. Shaw	(Appointed May, 1953)
Mrs. E. A. Stubbs	

Domiciliary Midwives—

Miss J. Askey	Mrs. B. Paxton
Miss C. E. Blackburn	Miss L. S. Rayner
Miss C. A. Coulson	Miss S. D. Rickerby
Mrs. E. S. Hall	Mrs. F. Southall
Miss D. Lloyd	

Clerks—

Mrs. M. Munro	Mrs. E. Wood (Part-time)
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Day Nurseries—

Lorne Terrace—Mrs. E. V. Miller, Matron
Norton Road—Miss M. Church, Matron
Durham Road—Miss O. Swift, Matron

Home Nursing—

Miss N. Jones, Supt. District Nursing Association

Ambulance Service—

25 Driver Attendants and four telephonists are employed

Domestic Help Service—

Miss C. M. Harris, Assistant County Organiser

SUMMARY OF STATISTICS FOR 1953

Area (Land and Inland Water)	5,465 acres	
Population (Registrar General's estimate at 30/6/53)	74,240	
Increase on 1952	420	
Natural increase (excess of births over deaths)	626	
		(1952)
Live births	1,431	1,422
Birth-rate	19.28	19.26
Still births	47	40
Still birth-rate (per 1,000 total births)	31.80	27.36
Deaths (all ages)	805	791
Death-rate	10.84	10.71
Infantile mortality (deaths under 1 year)	44	36
Infantile death-rate (per 1,000 live births)	30.74	25.31
Neo-natal deaths (under 1 month)	28	23
Neo-natal death-rate (per 1,000 live births)	19.56	16.17
Maternal deaths	2	1
Maternal death-rate	1.35	0.68
Deaths from Diarrhoea and Enteritis (under 2 years)	3	2
Death-rate from Diarrhoea and Enteritis (per 1,000 live births)	2.1	1.4
Deaths from Tuberculosis (Resp. 26; other 1) ...	27	18
Tuberculosis death-rate	0.36	0.24
Tuberculosis notification-rate (per 1,000 pop.) ...	0.85	0.93
Cancer death-rate	1.77	1.65
Deaths from Heart and Circulatory Diseases	292	320
Deaths from Respiratory Diseases	87	74
Deaths from Vascular Lesions of Nervous System	90	93
Deaths from Violence	31	23

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

POPULATION

Registrar General's estimate of the population of the Borough									
at 30th June, 1953	...	...	...	...	...	...	...	...	74,240
Increase on last year's estimate	...	...	...	...	...	...	...	...	420
Natural increase during 1953 (excess of births over deaths)	...	...	...	...	...	...	...	...	626

Live Births :—					1953		1952	
Males	...	...	...	756	Birth-rate per 1000 of population		...	
Females	...	...	...	675				
Total	...	...	...	1431				

Still Births	...	...	...	47	Rate per 1,000			
					total births		...	
							31·80	
							27·36	

Deaths :—								
Males	...	...	...	435	Death-rate per 1,000 of population		...	
Females	...	...	...	370				
Total	...	...	...	805				

Infantile Mortality :—								
Number of deaths at					Rate per 1,000			
ages under 1 year				44				
					live births		...	
							30·74	
							25·31	

Neo-Natal Mortality :—								
Number of deaths at					Rate per 1,000			
ages under 4 weeks				28				
					live births		...	
							19·56	
							16·17	

Deaths from Puerperal Causes :—								
Number of deaths	...			2	Total per 1,000			
					total births		...	
							1·35	
							0·68	

BIRTHS

The number of live births increased by nine to 1,431 during 1953, giving a birth-rate of 19·28 per 1,000 of the population. This is considerably higher than the rates for England and Wales and the 160 County Boroughs and Great Towns which were 15·5 and 17·0 respectively.

STILL BIRTHS

Unfortunately there was a further increase in the number of still-births registered during the year from 40 to 47. The still-birth rate per 1,000 total births was 31·80 compared with 27·36 for 1952 and 25·71 for 1951. The corresponding rates for England and Wales and the 160 County Boroughs

and Great Towns were 22·4 and 24·8 respectively. The national rate has varied very little during the past five years.

DEATHS

The total number of deaths during the year, after allowing for 177 transfers into the Borough and 120 out, was 805—435 males and 370 females. This is an increase of 14 on the figures for 1952 the death-rate being fractionally higher at 10·84 per 1,000 of the population. When corrected with the comparability factor supplied by the Registrar General the local rate is 12·36, compared with 11·4 and 12·2, the rates for England and Wales and the 160 County Boroughs and Great Towns respectively.

The number of deaths occurring at ages of 70 to 79 inclusive was 248. This is 17 less than last year, 16 of these being males. The percentage of deaths in this age group was 31. At ages of 80 and over there were 134 deaths, one less than last year. This is 17% of the total deaths registered. There was an increase in the number of deaths of males in the 40-59 age group from 142 to 156. 23·5% of the male deaths occurred in this age group, an increase of 3·5% on the corresponding figure for 1952.

INFANTILE MORTALITY

Although there were more infantile deaths in 1953 than in 1952, with a corresponding rise in the infantile death-rate, the rate for 1953 at 30·74 is considerably better than any rate recorded prior to 1952 and compares favourably with the rate for the 160 County Boroughs and Great Towns which was 30·8. The rate for England and Wales was reduced from 27·6 to 26·8 per 1,000 births. The principal cause of death during the year was congenital malformations which caused 14 deaths, followed by prematurity 9 and bronch-pneumonia 8.

Twenty-two of these infants, exactly 50% of the total infantile deaths, failed to survive for one day.

There were no deaths during the year from tuberculosis or other infectious diseases and none from violence or over-laying.

Twenty-nine infants died in hospitals—8 in Stockton, 18 in Middlesbrough and 3 in other districts.

A table showing the cause of death in age periods is given in the appendix to this report.

NEO-NATAL MORTALITY

There were 28 neo-natal deaths, i.e., deaths at ages under four weeks, during 1953, an increase of five on the figure for 1952. The neo-natal death-rate was 19·56 per 1,000 births, compared with 16·17, the rate for 1952. Twenty-two of these 28 infants lived for less than one day.

MATERNAL MORTALITY

Two women, one aged 21 and other aged 33, died from conditions associated with childbirth during the year. The cause of death was registered in each case as follows:—

1. Acute yellow atrophy of liver.
Pregnancy.
2. Pulmonary embolism.
Ante partum Haemorrhage.
Stillbirth.

One patient died in hospital and one at home.

The maternal mortality rate for England and Wales was 0·76 per 1,000 total births, a slight increase on last year's rate.

AVERAGE ANNUAL BIRTH-RATES, DEATH-RATES AND INFANTILE MORTALITY RATES FOR FIVE YEAR PERIODS FROM 1901—1950 AND FOR THE INDIVIDUAL YEARS 1950, 1951, 1952 AND 1953, FOR STOCKTON-ON-TEES AND ENGLAND AND WALES

	STOCKTON-ON-TEES				ENGLAND AND WALES		
	Birth Rate	Death Rate	Inf. M. Rate		Birth Rate	Death Rate	Inf. M. Rate
1901—05	31·64	17·62	153	...	28·16	16·0	137·8
1906—10	29·50	15·98	128	...	26·2	14·6	117·0
1911—15	30·02	17·18	122	...	23·6	14·3	109·6
1916—20	25·04	17·80	111	...	20·0	14·5	90·6
1921—25	25·50	13·80	94	...	19·9	12·1	75·8
1926—30	21·64	13·49	85	...	16·7	12·1	67
1931—35	19·21	12·47	74	...	15·0	12·0	62
1936—40	18·89	12·50	63	...	14·9	12·5	55
1941—45	20·23	13·08	65	...	16·0	11·9	50
1946—50	21·70	11·00	51	...	18·0	11·5	36
1950	18·96	11·74	46	...	15·8	11·6	30
1951	19·03	13·06	55	...	15·5	12·5	29·6
1952	19·26	10·71	25·31	...	15·3	11·3	27·6
1953	19·28	10·84	30·74	...	15·5	11·4	26·8

NOTES ON PRINCIPAL CAUSES OF DEATH

The six principal causes of death, with associated causes

grouped together, compared with corresponding figures for the preceeding five years, were as follows:—

Disease	Number of Deaths					
	1953	1952	1951	1950	1949	1948
1. Heart and Circulatory diseases ...	292	320	360	300	271	252
2. Cancer	132	122	133	131	139	103
3. Bronchitis, Pneumonia and other respiratory diseases	87	74	109	82	90	78
4. Vascular Lesions of nervous system	90	93	105	91	97	68
5. Violence	31	23	37	48	44	38
6. Tuberculosis (all forms)	27	18	28	34	47	46
Totals	659	650	772	686	688	585
Percentage of total deaths ...	82	82	80	79	78	73

The total of 659 deaths is made up of 356 males and 303 females. The deaths of males in the respiratory group of diseases were almost double those of females while deaths in the heart and circulatory and cancer groups of diseases were almost equally divided between the sexes.

Many of the 292 deaths included in the heart and circulatory diseases group were due to the degeneration of old age, nearly 40% of the total being over 75 years of age. On the other hand, however, there were 76 deaths in the 45 to 64 age group, 49 of which were from coronary thrombosis, an increase of 20 in the corresponding figure for 1952. The deaths assigned to this disease are classified below according to sex, age and social classification.

Social Class		25=44		45=54		55=64		65=74		75 and over		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Managerial and Professional	...	—	—	4	—	2	1	7	—	3	—	16	1
Skilled Workers	...	1	—	4	—	8	1	9	—	6	—	28	1
Labourers	...	2	—	9	—	9	—	15	—	1	—	36	—
Housewives	...	—	1	—	3	—	8	—	16	—	13	—	41
Total ...		3	1	17	3	19	10	31	16	10	13	80	*43

* This is 3 less than the number shown by the Registrar General as being due to these diseases.

It will be seen from this table that approximately 20% of these deaths occurred at ages between 25 and 54. A rough

estimate of the death-rates of males in each social group is as follows:—

Managerial and Professional ...	4.5	per 1,000 males over 15 years
Skilled workers	2.1	„
Labourers	3.8	„
Total male	3.0	„
Female death-rate	1.5	per 1,000 females over 15 years

A table showing the violent deaths classified according to cause, sex and age, is given below. The total number increased from 23 to 32. Accidents in the home accounted for the same number of deaths as last year but there was an increase of four deaths from motor vehicle accidents and three from suicide. There were no deaths of infants during the year from asphyxia, an accident which during past years has been responsible for an appreciable number of infant deaths.

VIOLENT DEATHS, 1953

Cause of Death	Under 5		5-15		15-25		25-45		45-65		65-75		75 and over		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Suicide	—	—	—	—	—	—	2	—	1	—	—	1	1	—	5
Accidents in home—															
Falls	—	—	—	—	—	—	—	—	—	—	1	1	—	6	8
Burns and Scalds ...	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Gas Poisoning	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2
Accident at work	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Motor Vehicle accidents ..	—	2	1	—	3	—	2	—	1	—	1	—	1	—	11
Other accidents	—	—	—	—	1	—	—	—	1	—	—	—	1	—	3
	—	2	1	—	4	—	5	1	4	—	2	2	4	7	32

Three of the deaths from suicide were from coal gas poisoning, one from drowning and one from hanging.

The male death from burns and scalds was the result of an old man aged 92 falling on an electric fire. The other death, a female aged 81 living alone was severely burned when her clothing caught fire.

Of the eight deaths resulting from falls at home, seven were elderly females, four between 80 and 90 years of age and one over 90.

Motor vehicle accidents caused four more deaths in 1953 than in 1952. Three small children aged 2, 4 and 7 respectively were killed by running into motor lorries and two

men were knocked down by motor vehicles while crossing the road. Three male casualties were drivers, one motor cyclist and two lorry drivers. One man was killed when the car in which he was a passenger was in collision and another man fell from a moving motor lorry.

**SOME OBSERVATIONS ON THE VITAL STATISTICS
OF THE BOROUGH 1901-1952**

POPULATION

During the 50 years 1901-1951 the population of the Borough increased by 22,546 or 43%. During this period a census of the population was taken on five occasions, 1901, 1911, 1921, 1931 and 1951. No census was taken during 1941 owing to the war.

In the following table the population of the Borough at each census, and the percentage increase on the previous census, is shown:—

BOROUGH OF STOCKTON-ON-TEES
CENSUS POPULATIONS, 1901-1951

Census				Percentage increase on previous Census		
				M.	F.	Total
1901	...	...	26,161	25,317	51,478	— — —
1911	...	...	26,268	25,886	52,154	0·4 2·2 1·3
1921	...	...	32,155	31,971	64,126	22 23·5 22·8
1931	...	...	33,714	34,008	67,722	4·8 6·3 5·6
1951	...	...	36,300	37,700	74,000	7·6 10·8 9·2

During the past 20 years the population has been increasing steadily at an average annual rate of 0·45%.

An interesting feature of this table is that the preponderance of males in 1901 had, by 1951, been completely reversed, the sex ratio (i.e. females per 1,000 males) was as follows:—

1901	...	...	...	...	1,000 to 960
1951	...	...	...	...	1,000 to 1,380

In each census since 1911 the increase in the female population has exceeded that of the male. During the 20 years 1931-51 the female population increased by 10·8% as against the male increase of 7·6%.

In the following tables the population of England and

Wales and of Stockton-on-Tees according to the 1951 Census, are shown for each sex and in eight age groups. The percentage of each figure to the total population is also shown:—

CENSUS, 1951

ENGLAND AND WALES

AGE AND SEX DISTRIBUTION OF POPULATION

Age Groups	Males	Percentage of total Male population	Females	Percentage of total Female population	Total	Percentage of total population	1901 Census % of total population
0-4	1,895,900	9	1,823,000	8	3,718,900	8·5	11·4
5-14	3,064,600	14	2,949,300	13	6,013,900	13·5	21·0
15-24	2,728,800	13	2,882,700	12·5	5,611,500	12·7	19·5
25-34	3,121,800	15	3,204,600	14·5	6,326,400	14·7	16·2
35-44	3,314,300	16	3,411,600	15	6,725,900	15·5	12·3
45-54	2,860,100	14	3,127,100	14	5,987,200	14·0	8·9
55-64	2,036,700	10	2,535,800	11	4,572,500	10·5	6·0
65 and over	1,957,000	9	2,831,400	12	4,788,400	10·9	4·7
Total	20,979,200	*48	22,765,500	*52	43,744,700	100	100

* Percentage of total population

CENSUS, 1951

BOROUGH OF STOCKTON-ON-TEES

AGE AND SEX DISTRIBUTION OF POPULATION

Age Groups	Males	Percentage of total Male population	Females	Percentage of total Female population	Total	Percentage of total population	1901 Census % of total population
0-4	3,900	11	4,400	12	8,300	11·2	12·8
5-14	5,600	15	5,000	13	10,600	14·3	22·1
15-24	4,500	12	5,300	14	9,800	13·2	20·1
25-34	5,900	16	6,000	16	11,900	16·1	16·1
35-44	5,400	15	5,300	14	10,700	14·4	11·8
45-54	4,400	12	4,300	11	8,700	11·8	8·4
55-64	3,500	10	4,000	11	7,500	10·2	5·3
65 and over	3,100	9	3,400	9	6,500	8·8	3·4
Total	36,300	*49	37,700	*51	74,000	100	100

* Percentage of total population

From these tables it will be seen that the population of the Borough is younger than that of England and Wales. 25½% of the population of the Borough is under 15 years of age while the corresponding figure for the country is

22%. At the other end of the scale—65 and over—the proportion for the country exceeds that of the town by 2.1%.

The population of the Borough in eight age groups as revealed by the Censuses of 1931 and 1951 is shown in the following table which also shows the increase or decrease in each age group and the percentage represented by these figures.

BOROUGH OF STOCKTON-ON-TEES
CENSUS POPULATIONS IN 1931 & 1951 IN SEX & AGE GROUPS

Age Groups			Increase or Decrease on 1931			
			1931	1951	Number	Percentage
0-4	...	...	6,266	8,300	+ 2,034	+ 32
5-14	...	...	12,800	10,600	—2,200	—17
15-24	...	...	11,953	9,800	—2,153	—18
25-34	...	...	10,632	11,900	+ 1,268	+ 12
35-44	...	...	8,845	10,700	+ 1,855	+ 22
45-54	...	...	7,681	8,700	+ 1,019	+ 13
55-64	...	...	5,595	7,500	+ 1,905	+ 34
65 and over	...	...	3,950	6,500	+ 2,550	+ 64
Totals			67,722	74,000	+ 6,278	+ 9

This table shows that while the under five age group increased by 32%, the next two age groups 5-14 and 15-24 declined by 17 and 18% respectively. The 65 and over age group increased during the 20 year period by no less than 64%.

The steady increase in the population in this age group is illustrated in the table below which shows the population of each sex for each of the four census years.

BOROUGH OF STOCKTON-ON-TEES
POPULATION OVER 65 YEARS OF AGE, 1911-1951

Census						Males	Females	Total
1911	...	...	...	...	...	1,071	1,069	2,140
1921	...	...	...	...	...	1,449	1,531	2,980
1931	...	...	...	...	...	1,856	2,094	3,950
1951	...	...	...	...	...	<u>3,100</u>	<u>3,400</u>	<u>6,500</u>

1931 Increase over 1911—

Number	...	...	...	785	1,025	1,810
Percentage	...	...	...	73	96	84

1951 Increase over 1931—

Number	...	...	...	1,244	1,306	2,550
Percentage	...	...	...	67	62	64

Overall percentage increases in the population **at all ages** during these periods were:—

Census				Males	Females	Total
1931 over 1911	...	...	...	28	31	29
1951 over 1931	...	...	...	8	11	9

The increase in this age group during the 20 year period 1931-51 was, for males, eight times the overall increase for all age groups during the same period, for females it was $5\frac{1}{2}$ times; and for the total of both males and females seven times.

DEATHS

In 1902 the number of deaths registered as having occurred among Stockton residents was 893, out of a population of 51,877. In 1952 there were 791 deaths out of a population of 74,000. These figures give rates of 17.2 and 10.71 per 1,000 of the population respectively. The death-rate remained between 17 and 18 until 1920 after which it fell sharply to between 13 and 14. From 1921 to 1945 the rate fluctuated between 12 and 14 but for the last five year period (1946-50) the average rate was 11 per 1,000 of the population. The years 1950 and 1951 showed an increase in this average rate but in 1952 the rate reached its lowest level at 10.71.

A comparison of the death-rates for different age groups for the years 1902 and 1952 reveals the remarkable progress that has been made in the preservation of human life, particularly among the very young and the elderly.

The following table gives the death rates for six age groups for these two years:—

DEATHS PER 1,000 OF THE POPULATION
IN SIX AGE GROUPS

				1902	1952
0-4 years	...	...	...	62.0	5.5
5-14 „	...	...	...	2.5	1.0
15-24 „	...	...	...	4.7	0.5
25-44 „	...	...	...	7.4	2.0
45-64 „	...	...	...	21.4	11.1
65 and over	...	...	...	92.0	7.6

Consideration of this table shows that no less than 45% of the total deaths registered in 1902 were of children under five years of age and 18% were of persons aged 65 years and over. In 1952 only 6% of the deaths registered were of children under five years of age and 62% were of persons 65 years and over.

At the 1901 census the population under five years of age was 6,613 or 12.8% of the total population. At the 1951 census corresponding figures were 8,300 and 11.2% respectively. In spite of the fact that the birth-rate of the Borough has fallen from over 30 per 1,000 of the population in the early part of the century to below 20 in recent years, the population in this age group still remains at a reasonable level largely because of the progressive improvement in the infantile death-rate.

Deaths in the next two age groups, 5-14 and 15-24, have been reduced to a very low level. The virtual elimination of many infectious diseases and the great reduction in the virulence of others, which were prolific causes of death early in the century have been largely responsible for this improvement. In 1902 measles accounted for 42 deaths, scarlet fever 15, diphtheria 9 and whooping cough 27, whereas in 1952, only one death resulted from all these causes.

At the other end of the scale, the 65 years and over group, progress has been no less remarkable.

In the following table the deaths in each age group are shown as a percentage of the total deaths:—

				1902	1952
Under 5 years	...	...	...	45	6
5-14 years	...	...	...	3	1
15-24 „	...	...	...	5	1
25-44 „	...	...	...	12	6
45-64 „	...	...	...	17	24
65 years and over	...	...	...	18	62

The large increase in the numbers surviving to old age is more pronounced for the male sex than for the females. For instance, in 1940, 26% of the male deaths occurred at ages between 40 and 59 years and 20% at ages ranging from 70 to 79 years. In 1952 the percentage of deaths in the 40-59 age group had fallen to 20% while the percentage in the 70-79 group increased to 33%, an increase of 13%. The improvement in the female death-rate has been more steady, corresponding figures being a fall of 2% in the percentage of deaths in the 40-59 group (compared with a fall of 6% for males) and an increase of 9% in the 70-79 group (compared with 13% for males). In 1952 deaths of females in the 40-59 age group were 4% lower than the corresponding figure for males and in the over 80 group the females exceeded the males by 9%. Although there is still some disparity between the sexes in the age at death it would appear that the time is approaching when the expectation of life for males will compare much more favourably with that of females.

SANITARY CIRCUMSTANCES OF THE AREA

WATER

The Borough is supplied with water by the Tees Valley Water Board.

I am indebted to the Engineer and Manager of the Board for the following information in regard to the water supply of the Borough.

The water supply to the area has been satisfactory in quality and quantity.

Three samples of the raw water and 25 samples of the treated water as it leaves the various works, were collected for bacteriological examination each week, together with approximately a dozen samples taken at points on the distribution system. All samples of the treated water collected during the year were of satisfactory bacteriological purity. A summary of chemical and bacteriological analysis is given below.

The waters are not liable to have any plumbo-solvent action.

The water is purified by slow sand filtration followed by treatment with ammonia and chlorine. Water which has

been standing in open service reservoirs is also treated with ammonia and chlorine before passing into supply.

All the dwellinghouses in the Borough are supplied with water from public water mains direct to the houses.

RIVER TEES SUPPLY DARLINGTON

Summary of Results, 1953

Chemical Results

(expressed as parts per million)	Average	Max.	Min.
pH	7.4	8.1	7.1
Colour (Hazen Units)	65	170	22
Total Solids	135	200	80
Free Carbon Dioxide	4	8	Trace
Chloride	7.5	12	4
Alkalinity	65	120	30
Total Hardness	90	155	50
Temporary Hardness (Carbonate Hardness)	65	120	30
Permanent Hardness (Non-Carbonate Hardness)	25	35	10
Nitrogen in Nitrates	0.6	3.6	Nil
Nitrogen in Nitrites	*0.01	0.01	Nil
Ammoniacal Nitrogen	0.028	0.120	Nil
Albuminoid Nitrogen	0.065	0.120	Nil
Oxygen Absorbed in 3 hours at 37°	5.8	12.3	1.7
Iron	0.05	0.22	Nil
Turbidity	*3	*3	Nil
Conductivity	190	300	105

* Less than

Bacteriological Results

	Average	Max.	Min.
Colony Count per ml. at 37°C. after 1 day	8	18	1
Colony Count per ml. at 37°C. after 2 days	13	60	2
Colony Count per ml. at 20°C. after 3 days	9	30	1
Percentage of samples giving Presumptive Coliform reaction per 100 ml.			0.4
Percentage of samples giving B. Coli (Type 1) per 100 ml.			Nil

LARTINGTON GRAVITATION SUPPLY

Summary of Results, 1953

Chemical Results

(expressed as parts per million)								Average	Max.	Min.
pH	...	...	...	...	...	...	...	7.0	7.3	6.8
Colour (Hazen Units)	...	...	...	...	...	...	...	90	200	35
Total Solids	...	...	...	...	...	...	...	85	110	75
Free Carbon Dioxide	...	...	...	...	...	...	...	5.5	9	3
Chloride	...	...	...	...	...	...	...	6.5	8	5
Alkalinity	...	...	...	...	...	...	...	35	40	20
Total Hardness	...	...	...	...	...	...	...	50	55	40
Temporary Hardness (Carbonate Hardness)	...	...	...	...	...	...	...	35	40	20
Permanent Hardness (Non-Carbonate Hardness)	...	...	...	...	...	...	...	15	20	10
Nitrogen in Nitrates	...	...	...	...	...	...	...	0.2	1.2	Nil
Nitrogen in Nitrites	...	...	...	...	...	...	...	*0.01	0.01	Nil
Ammoniacal Nitrogen	...	...	...	...	...	...	...	0.033	0.170	Nil
Albuminoid Nitrogen	...	...	...	...	...	...	...	0.070	0.140	0.03
Oxygen Absorbed in 3 hours at 37°C.	...	...	...	...	...	...	...	7.7	14.0	4.0
Iron	...	...	...	...	...	...	...	0.10	0.30	0.03
Turbidity	...	...	...	...	...	...	...	*3	*3	Nil
Conductivity	...	...	...	...	...	...	...	110	140	90

* Less than

Bacteriological Results

	Average	Max.	Min.
Colony Count per ml. at 37°C. after 1 day	4	12	Nil
Colony Count per ml. at 37°C. after 2 days	6	17	1
Colony Count per ml. at 20°C. after 3 days	4	13	Nil
Percentage of samples giving Presumptive Coliform reaction per 100 ml.	...	...	1
Percentage of samples giving B. Coli (Type 1) per 100 ml.	...	...	0.5

SWIMMING BATHS

Samples of water from the swimming baths are sent to the Public Health Laboratory at Middlesbrough for examination. The break-point method of chlorination is used and all samples of the water examined during the year were satisfactory.

ANNUAL REPORT OF CHIEF SANITARY INSPECTOR

Annual Report of the Chief Sanitary Inspector, Mr. E. Varley, to the Medical Officer of Health, on the work of the Sanitary Inspectors during the year 1953:—

SANITARY INSPECTION OF AREA

Summary of work of Inspectors, 1953

Inspections following complaints	874
,, under the Housing Acts	405
,, under the Public Health Act	871
,, in regard to outstanding notices	2283
Visits to slaughterhouses and other food premises for food inspection	1673
Samples taken for analysis Food and Drugs Act	140
Milk samples taken for bacteriological examination	63
Other samples taken for bacteriological examination	16
Inspections of bakehouses	42
,, dairies and milk distributors premises	134
,, ice cream factories	38
,, preserved food factories	29
,, other food shops and warehouses	699
,, restaurants, cafes and snack bars	71
,, offensive trades	12
,, markets	195
,, factories: non-powered 36, powered 182	218
,, outworkers	2
,, licensed premises and places of entertainment	49
,, stables and pigstys	20
,, under the Diseases of Animals Acts	124
,, under the Prevention of Damage by Pests Act, 1949	188
,, under the Pet Animals Act, 1951	2
,, common lodging houses	2
,, houses let in lodgings	41
,, hairdressers	62
,, hawkers storage accommodation	7
,, visits concerning atmospheric pollution	76
Investigations made in respect of notifiable diseases	155
Premises disinfected re infectious diseases	90
,, ,, vermin	105
Miscellaneous inspections	172
Interviews	503

PUBLIC HEALTH ACT, 1936

Nuisances and Repairs dealt with under the Act.

874 complaints were dealt with during the year. As a result of these and other routine inspections by the Sanitary Inspectors, notices were served as follows:—

Preliminary Notices served	608
Statutory Notices served	369
Number of premises in respect of which notices served during 1952/53 were complied with	564

Dangerous Buildings and other Structures—

It was necessary during the year to report 12 properties to the Borough Engineer as being in such a condition as to be dangerous.

HOUSING ACT, 1936

Sections 9 and 10—Repairs to Dwelling Houses—

Following inspections made by the Sanitary Inspectors and representations to the Housing Committee, 70 Statutory Notices were served under section 9 of the above Act, and during the year 52 houses were made fit for habitation as a result of notices served during 1952/53.

Section 11—

Nine houses were considered to be individually unfit and incapable of repair at a reasonable cost and were scheduled for demolition according to section 11 of the Act.

Overcrowding—

During the year, 79 families were reported to the Housing Department as living in overcrowded conditions. This number was divided into two groups:—

1. Statutorily overcrowded in accordance with the Act ... 47
2. Overcrowded due to the exclusion of the communal living room when assessing the " permitted number " 32

HOUSING ACT, 1949

Improvement of Sub-standard Dwellings

THE STOCKTON TEST

During the year, a firm of domestic equipment manufacturers selected Stockton for the purpose of an experiment to demonstrate the possibilities of modernisation of sub-standard dwellings by means of an improvement grant under the Housing Act, 1949.

It was important, in the selection of the property for conversion, that there was no suggestion of perpetuating the slums but selecting four sub-standard houses with a life of at least 30 years. At the conclusion of the experiment, these houses were to satisfy the 16 points stressed in the report of the Standards of Fitness for Habitation Sub-Committee issued by the Ministry of Health in 1946.

The houses selected were in Alliance Street and following

inspections under the Housing Act to draw up a list of necessary repairs, the firm had plans drawn up which allowed for the re-building of the off-shoot scullery and the addition of a bathroom with internal W.C. The conversion also allowed for the replacement of the out of date kitchen range by a modern combination range which provided not only cooking facilities and heating for the room, but also a constant supply of hot water by means of a back boiler.

The firm concerned, placed themselves in the position of a private landlord, and went through the full procedure of submitting the plans and applying to the Council for a grant under the Act. Full co-operation was given by the tenants and, after the plans had been approved and the grant allowed, the conversions were carried out with a minimum delay.

The scheme was given national publicity in the press and by means of a film which was made during the conversions. The experiment has aroused much interest in all organisations interested in the housing problem and has revealed the possibilities of these houses, which will, of necessity, house a section of the community for many years to come and which, therefore, should be provided with amenities which we expect today.

DISEASES OF ANIMALS ACTS

Routine inspections of the cattle market were carried out on sale days and 1,116 licences were issued for the movement of 6,249 pigs.

One case of suspected swine fever was notified to the Ministry during the year. This was not confirmed.

Notification was received of 12 vessels arriving in the River with dogs or cats on board. These vessels were visited under the Importation of Dogs and Cats Order.

Six cases of congenital tuberculosis in calves were discovered by the Inspectors at the slaughterhouses. The origin of the calves was traced in each case and reported to the Ministry of Agriculture and Fisheries for investigation under the Tuberculosis Order, 1938. As a result of this investigation, two affected cows were traced and slaughtered.

Two suspected cases of anthrax occurred in the slaughterhouses and were notified to the Ministry. The microscopic examinations which were carried out as a result of these reports proved negative in each case.

It was necessary to take legal action under the provisions of the Movement of Swine Order, 1950, against a person for giving false information when obtaining a swine movement licence at the cattle market. This resulted in a fine of £5 being imposed on the defendant.

OFFENSIVE TRADES

The following offensive trades are in operation in the Borough:—

Tripe Boilers	...	...	...	...	...	5
Gut Scrapers	...	...	...	...	...	2
Fell Monger	...	...	...	...	...	1

All were conducted in a satisfactory manner.

STOCKTON-ON-TEES CORPORATION ACT, 1938

Hairdressers—

The number of persons on the register of hairdressers and barbers at the end of the year was 59. All premises were inspected and conditions found to be entirely satisfactory.

COMMON LODGING HOUSES

The two common lodging houses were again registered and inspections made during the year revealed that both were being operated in a satisfactory manner.

RIDING ESTABLISHMENTS ACT, 1938

The Veterinary Inspector submitted satisfactory reports on his visits to the Riding School in the Borough.

SLAUGHTER OF ANIMALS ACT, 1933

Thirty persons were granted slaughterman's licences during the year.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work of the Rodent Operator and his part-time assistant during the year:—

Number of complaints received	...	...	...	...	...	250
Number of premises surveyed as a result of complaints and otherwise discovered	...	...	...	...	...	281
Number of premises treated	...	...	...	...	...	165
Number of treatments carried out to these premises	...	...	...	...	...	242
Sewer manholes treated	...	...	...	...	...	360
Number of rats and mice killed (according to poison taken)	...	...	...	...	...	1271

Approximately 40% of the bodies were collected.

Double maintenance check and treatment of sewer man-holes was carried out during the year.

FACTORIES ACT, 1937

Total number of factories on the register at the end of the year was 329 compared with 318 for the year 1952. Regular inspections were carried out and the premises were generally well maintained.

In the following table, prescribed particulars are given on the administration of the Factories Act, 1937:—

1. Inspections for purposes of provisions as to health—

PREMISES	Number on Register	Number of Inspections	Number of Written Notices
(a) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	42	36	—
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority	287	182	1
Total	329	218	1

2. Cases in which defects were found—

PARTICULARS	Number of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1) ...	24	10	—	1
Inadequate ventilation (S.4) ...	1	—	—	—
Sanitary Conveniences (S.7)—				
Unsuitable or defective ...	15	6	—	2
Other offences against the Act (not including offences relating to Outwork)	—	1	—	—
Total	40	17	—	3

3. Number of outworkers employed in the Borough—3.

ATMOSPHERIC POLLUTION

The following table sets out the average deposits in tons per square mile for quarterly periods which have been calculated from the monthly measured pollution of the deposit gauges set up in the Borough since the beginning of 1952:—

AVERAGE DEPOSITS

	31/3/52	30/6/52	30/9/52	31/12/52	31/3/53	30/6/53	30/9/53	31/12/53
Drill Hall, Norton ...	—	12·73	12·50	13·99	11·70	12·74	9·15	12·04
North End Rec. Ground	34·56	29·16	19·23	23·70	27·87	22·61	32·94	22·32
Quayside Mission ...	21·16	27·10	24·91	18·32	25·02	14·31	24·90	18·30
Oxbridge Cottage ...	—	—	—	—	10·63	14·37	9·32	7·21
Tees-side Average for Quarter ...	24·12	23·23	26·67	24·43	22·12	25·32	24·36	21·23
Main Wind Directions During Quarter ...	% SW.36 NW.19 NE.10 W. 9	% SW.37 NE.19 W. 9 S. 8	% SW.41 NE.14 N.14 NW.10	% SW.33 NW.17 W.10	% SW.52 NW.13 NE. 7	% NW.24 SW.20 S.11 N. 9	% SW.44 S.23 W. 9	% SW.44 S.25 SE. 8

These results do not necessarily indicate pollution from an individual source but give a fair average covering the area concerned.

The main wind directions for each individual quarter are also shown as these, of course, have a bearing on the direction from which the pollution has arisen.

In addition to individual action taken locally by the Sanitary Inspectors to deal with any excessive pollution observed, or complaints received, the whole problem of atmospheric pollution is under continual surveillance of the Tees-side Smoke Abatement Committee, on which the Council have representation. As previously reported, this Committee, composed of representatives of all Tees-side authorities, has functioned since 1949, and as usual, quarterly meetings have been held during the year as well as additional meetings of the technical officers of the local authorities.

There are now 47 gauges established throughout Tees-side on sites ranging from lightly populated residential areas to heavy industrial areas, and covering town, country and sea-side districts.

The results of the measured pollution in the gauges

throughout the area are fully discussed at the meetings and positive action has been taken where necessary, by interviews with representatives of industrial and other undertakings whose equipment is causing pollution to one or more of the constituent authorities.

At the end of 1953, all Members of Parliament for the Tees-side areas attended a full meeting of the Committee and heard the problems of atmospheric pollution as affecting Tees-side and they all agreed to take whatever steps in their power to further any efforts at combating this pollution when the problem was discussed in the House.

In October, the Committee arranged for a mobile exhibition to visit all areas on Tees-side to demonstrate the various types of domestic solid smokeless fuel appliances. This exhibition was a great success and although the attendance at Stockton was affected by the fact that there was torrential rain for most of the day, a large number of the members of the public passed through the exhibition. Practical proof of the value of the exhibition has been the steady increase in the demand by householders for coke for domestic use. It is hoped that, especially on the new housing estates where all houses are fitted with these appliances, the tenants will eventually turn to smokeless fuel. Some local authorities in other parts of the country have under active consideration the establishment of smokeless zones on their new housing estates.

FOOD AND DRUGS ACT, 1938

A total of 1,025 inspections of food premises revealed that with few exceptions, premises were being maintained in a satisfactory manner. Apart from several verbal requests, it was necessary to serve 27 Preliminary Notices dealing with requirements of the Act. Of the notices served during 1952/53, 29 were complied with.

Milk—

Number of Distributors on Register ...	...	...	...	...	128
Number of Pasteurisers Licences issued ...	...	...	...	...	2
Number of licences to sell Pasteurised milk ...	...	...	...	...	62
Number of licences to sell Tuberculin Tested milk ...	...	...	...	...	15
Number of licences to sell Sterilised milk ...	...	...	...	...	93

The following samples of milk were taken for bacteriological examination and testing:—

1. Pasteurised milk—

- (a) Pasteurised in the Borough 52
One of these failed the Methylene Blue test and one the Phosphatase test. The remainder were satisfactory.
- (b) Pasteurised outside but retailed in the Borough ... 3
All satisfied the Methylene Blue and Phosphatase tests.

2. Untreated milk—Seven samples of raw milk (which is being distributed by retailers in the Borough) were sent for biological test. All revealed negative results.

Ice Cream—

Number of manufacturers on Register	...	...	...	...	8
Number of premises registered for storage and sale only	...	...	...	...	189

Sixteen samples of ice cream were sent to the Area Laboratory for examination and grading in the provisional Methylene Blue grade, with the following results:—

Methylene Blue Test					
Grades					
		1	2	3	4
Number of samples, 16		3	6	6	1

Sixteen samples were also taken for analysis for fat and sugar content. All were of satisfactory quality.

Food Sampling—

A total of 140 samples of various foodstuffs were taken for analysis and/or bacteriological examination. All were of satisfactory quality with the exception of four samples of milk, which revealed a slight deficiency in fat content. One of these was produced in the Borough and the matter was taken up with the producer. In the other three cases, notification was sent to the authority for the area of production.

In one other case, a sample of Rum and Butter sweets was found to be incorrectly described in accordance with the Code of Practice agreed between the Ministry and the confectionery trade. This matter was taken up with the wholesaler concerned and finally with the manufacturer, who had apparently been labelling this commodity incorrectly due to a misinterpretation of the Code of Practice. They immediately agreed to correct future labels.

Inspection and Condemnation of Food at Warehouses and Shops—

The following is a summary of various foodstuffs inspected during the year and condemned as unfit for human consumption:—

Bacon	...	...	...	...	...	5 cwt. 2 lb. 6 oz.
Biscuits	...	...	...	...	...	46 cwt. 1 qr. 12 lb. 8 oz.
Butter	...	...	...	...	...	1 qr. 2 lb.
Cake ...	...	...	...	...	...	2 qrs. 13 lb. 6 oz.
Cake Mixture	...	...	...	...	...	16 lb. 8 oz.
Cereals	...	...	...	...	...	1 cwt. 17 lb. 2 oz.
Cheese	...	...	...	...	...	19 lb. 4 oz.
Coconut	...	...	...	...	...	2 cwt. 1 qr. 8 lb.
Eggs ...	...	...	...	...	...	353
Fish ...	...	...	...	...	...	2 cwt. 3 qrs. 13 lb. 14½ oz.
Flour	...	...	...	...	...	3 qrs. 27 lb.
Fruit	...	...	...	...	...	125 cwt. 2 lb. 8½ oz.
Fruit (Dried)	...	...	...	...	...	3 cwt. 3 qrs. 4 lb. 7½ oz.
Fruit Juice	...	...	...	...	...	1 cwt. 3 qrs. 4 lb. 7½ oz.
Ham	...	...	...	...	...	14 cwt. 3 qrs. 7 lb. 15½ oz.
Ice Cream ...	...	...	...	...	...	3 qrs. 24 lb.
Jam	...	...	...	...	...	16 lb. 6½ oz.
Jellies	...	...	...	...	...	22 lb. 8 oz.
Lemon Curd	...	...	...	...	...	3 lb. 14½ oz.
Lemon Squash	...	...	...	...	...	3 bottles
Marmalade	...	...	...	...	...	21 lb. 8 oz.
Meat	...	...	...	...	...	29 cwt. 1 qr. 24 lb. 8½ oz.
Milk	...	...	...	...	...	9 cwt. 2 qrs. 4 lb. 1 oz.
Milk Whipping Compound	...	...	...	...	...	16 lb. 14 oz.
Mustard	...	...	...	...	...	8 oz.
Peanut Butter	...	...	...	...	...	1 lb.
Pickles	...	...	...	...	...	1 cwt. 9 lb. 11¼ oz.
Pork Pies	...	...	...	...	...	9
Pudding	...	...	...	...	...	3 qrs. 17 lb.
Salt ...	...	...	...	...	...	7 lb.
Sandwich Spread	...	...	...	...	...	2 lb. 15¼ oz.
Sausage	...	...	...	...	...	1 cwt. 4 lb.
Soup ...	...	...	...	...	...	5 cwt. 2 qrs. 16 lb. 2½ oz.
Suet ...	...	...	...	...	...	1 lb. 12 oz.

Sugar	...	...	...	...	...	1 cwt. 3 qrs. 15 lb.
Sweets	...	...	...	...	...	3 qrs. 24 lb.
Syrup	...	...	...	...	...	16 lb.
Tripe	...	...	...	...	...	3 cwt. 2 qrs. 14 lb.
Vegetables	...	...	...	...	...	33 cwt. 17 lb.

Slaughterhouses—

Arrangements for slaughtering in the Borough were the same as have been operated by the Ministry of Food since 1940. As reported on previous occasions, arrangements and conditions leave much to be desired and it is hoped that with the termination of rationing during 1954, the arrangements for the provision of a ministry or municipal abattoir in the Borough, are proceeded with without delay. It is essential in the interests of hygiene and the satisfactory handling of all animals before slaughter and carcasses after slaughter, that every effort should be made to improve on existing arrangements.

Inspection of Animals Slaughtered for Human Consumption—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	4995	620	1150	22623	6742
Number inspected	4995	620	1150	22623	6742
Condemned for disease other than Tuberculosis:—					
Whole Carcasses	3	22	13	46	33
Part carcasses or organs	2794	398	—	738	295
Tuberculosis only:—					
Whole carcasses	17	22	7	—	8
Part carcasses or organs	648	258	—	—	255

Also condemned—

	lb.
Imported beef	800 $\frac{1}{2}$
Imported pork	36 $\frac{3}{4}$
Imported mutton	58
Home killed beef	1449 $\frac{3}{4}$
Home killed pork	3321 $\frac{1}{2}$
Home killed mutton	33 $\frac{1}{4}$

ERNEST VARLEY,
Chief Sanitary Inspector.

INFECTIOUS DISEASES

The number of notifications of cases of infectious diseases (after correction) received during each quarter of the year 1953 were as follows:—

DISEASE	Quarter Ended				Total
	31st Mar.	30th June	30th Sept.	31st Dec.	
Scarlet Fever	20	18	17	52	107
Whooping Cough	84	258	79	35	456
Measles	460	64	13	3	540
Diphtheria	—	—	—	—	—
Pneumonia	24	12	2	10	48
Acute Poliomyelitis—					
Paralytic	—	—	3	—	3
Non-Paralytic	—	—	—	1	1
Dysentery	5	4	3	4	16
Erysipelas	1	3	1	3	8
Puerperal Pyrexia	3	1	2	2	8
Malaria	1	—	2	—	3
Food Poisoning	1	—	1	1	3
Ophthalmia Neonatorum ...	—	—	1	1	2
Paratyphoid Fever	—	1	—	—	1
Meningococcal Infection ...	4	3	—	2	9
	603	364	124	114	1205

The total is 49 more than the corresponding figure for 1952 but except for measles and whooping cough the incidence of notifiable disease differed very little from last year.

Whooping cough was prevalent throughout nine months of the year and the total number of cases notified is much higher than it has been in the previous ten years.

Measles, which had been prevalent in the Borough during the last nine months of 1952, continued during the first quarter of 1953, after which it subsided and during the latter half of the year only 16 cases were notified. The total is 196 less than in 1952 and 505 less than the figure for 1951.

No confirmed cases of diphtheria occurred in the Borough during the year. The number of cases have fallen annually since the introduction of immunisation, the figures for the years 1952 to 1950 being two, four and five respectively. Sixteen suspected cases were removed to hospital during 1953 but in no case was the diagnosis confirmed.

The number of confirmed cases of scarlet fever has

remained fairly constant over the past four years at round about 100 cases a year. In recent years the disease has been of a mild form with few complications.

Notifications of poliomyelitis fell from 10 in 1952 to four.

There was one death from measles during the year. Apart from pneumonia, there were no deaths from any other of the notifiable diseases.

The case rates per 1,000 of the population for certain infectious diseases in 1953 for England and Wales, the 160 County Boroughs and Great Towns, and Stockton-on-Tees, are shown in the following table:—

DISEASE					England & Wales	160 C.B's. & Great Towns inc. London	Stockton- on-Tees
Typhoid Fever	...	...	...	...	0·00	0·00	—
Paratyphoid Fever	...	...	...	...	0·01	0·01	0·01
Meningococcal Infection	...	...	...	...	0·03	0·04	0·12
Scarlet Fever	...	...	...	...	1·39	1·50	1·44
Whooping Cough	...	...	...	...	3·58	3·72	6·14
Diphtheria	...	...	...	...	0·01	0·01	—
Erysipelas	...	...	...	...	0·14	0·14	0·10
Smallpox	...	...	...	...	0·00	0·00	—
Measles	...	...	...	...	12·36	11·27	7·27
Pneumonia	...	...	...	...	0·84	0·92	0·64
Acute Poliomyelitis (including Polioencephalitis)—							
Paralytic	...	...	...	...	0·07	0·06	0·04
Non-paralytic	...	...	...	...	0·04	0·03	0·01
Food Poisoning	...	...	...	...	0·24	0·25	0·04
Puerperal Pyrexia	...	...	...	...	*18·23	*24·33	*5·41

* Per 1,000 Total (Live and Still) Births

ISOLATION HOSPITAL ACCOMMODATION

All cases of infectious disease occurring in the Borough are removed to the West Lane Isolation Hospital, Middlesbrough. The following table shows the number of cases of each of the diseases specified admitted to the Isolation Hospital during the year 1953. In many cases the original diagnosis was amended after admission to hospital, the amended figures being shown in brackets: —

Scarlet Fever	98	(93)
Diphtheria	16	(—)
Measles	14	
German Measles	1	
Whooping Cough	15	(12)
Chicken Pox	9	
Meningitis	10	(3)
Poliomyelitis	4	(3)
Pneumonia	8	
Influenza	1	
Bronchitis	4	
Dysentery	45	(24)
Gastro Enteritis	91	
Puerperal Pyrexia	5	(4)
Impetigo	30	
Food Poisoning	6	(3)
Dermatitis	3	
Scabies	2	
Miscellaneous	31	

LABORATORY FACILITIES

Excellent laboratory facilities are available at the Public Health Laboratories at Middlesbrough and Newcastle. Almost any type of specimen may be sent for examination free of cost. There is close co-operation between the Medical Director of the Public Health Laboratory at Middlesbrough and the Medical Officer of Health and full advantage is taken of the facilities offered.

Samples taken under the Food and Drugs Act, 1938, and samples of water are sent to the Public Analyst at Darlington. Samples of heat treated milk for examination by the phosphatase and methylene blue tests, specimens for examination for the Rh. Factor, blood grouping and the Wassermann and Kahn reactions, are sent to the laboratory at Middlesbrough.

Specimens taken by medical practitioners and by the Chest Physician are sent to the Public Health Laboratory at Newcastle.

TUBERCULOSIS

The following table shows the state of the Tuberculosis Register at the commencement and end of 1953:—

	Respiratory			Non-Respiratory			Gross Total
	M.	F.	Total	M.	F.	Total	
No. of cases on Reg. 1/1/53 ...	214	137	351	30	35	65	416
Added during the year ...	41	25	66	2	1	3	69
Removed during the year ...	48	23	71	9	15	24	95
Remaining on Reg. 31/12/53 ...	207	139	346	23	21	44	390

The reasons for removal from the Register were:—

				Respiratory	Non-Respiratory	Total
Death	...	...	...	20	—	20
Recovered		...	...	35	22	57
Removed		...	...	12	1	13
Non-Tubercular			...	4	1	5
				<hr/>	<hr/>	<hr/>
Totals	...	...	...	71	24	85

The number of additions to and removals from the register were practically the same as those for 1952, the reduction of the number of names on the register during the year being 26. The incidence rate for the disease was again slightly less than one per 1,000 of the population.

The incidence rates per 1,000 of the population for all forms of tuberculosis for the five 5 year periods 1926-1950 and rates for the individual years 1951-1953 were as follows:—

1926—30 ...	1.86
1931—35 ...	1.51
1936—40 ...	1.51
1941—45 ...	1.60
1946—50 ...	1.35
1951 ...	1.42
1952 ...	0.93
1953 ...	0.93

Unfortunately the very low tuberculosis death-rate recorded in 1952 was not maintained during 1953. The number of deaths increased from 18 to 27—26 respiratory and 1 non-respiratory, giving a tuberculosis death-rate of 0.36 per 1,000 of the population compared with 0.24 the corresponding rate for 1952 and with 0.20 and 0.24 the rates for England and Wales and the 160 County Boroughs and Great Towns.

The average death-rate for both types of the disease per 1,000 of the population for each five-year period from

1911 to 1950 and the rates for the individual years 1951-1953 are given below:—

			Respiratory	Non-Respiratory	Total
1911—15	...	...	1.28	0.75	2.03
1916—20	...	...	1.30	0.57	1.87
1921—25	...	...	0.91	0.37	1.28
1926—30	...	...	0.90	0.35	1.25
1931—35	...	...	0.74	0.20	0.94
1936—40	...	...	0.63	0.14	0.77
1941—45	...	...	0.71	0.11	0.88
1946—50	...	...	0.49	0.12	0.61
1951	...	...	0.33	0.05	0.38
1952	...	...	0.17	0.07	0.24
1953	...	...	0.35	0.01	0.36

The deaths in the Borough from tuberculosis are shown in the following table classified according to sex and age:—

DEATHS FROM TUBERCULOSIS—1953

Age Periods			Respiratory			Non-Respiratory			Gross Totals
			M.	F.	Total	M.	F.	Total	
Under 1	...	...	—	—	—	—	—	—	—
1—4	...	...	—	—	—	—	—	—	—
5—14	...	...	—	—	—	—	—	—	—
15—24	...	...	—	—	—	—	—	—	—
25—44	...	...	3	3	6	—	—	—	6
45—64	...	...	12	3	15	1	—	1	16
65—74	...	...	2	3	5	—	—	—	5
75 and over	...	...	—	—	—	—	—	—	—
			17	9	26	1	—	1	27

Of these 27 deaths, 11 had not been notified as suffering from tuberculosis. In four of these 11 cases the disease was acute in form and death probably followed closely on diagnosis. The youngest of these patients was 41 and the oldest 73, four of the cases being 70 years or over. There is no doubt that some of these older cases have suffered from the disease in a chronic form for some years and may have unwittingly been a source of infection to those with whom they came in contact.

MASS RADIOGRAPHY SURVEY

The following statistics on the work of the Mass Radiography Unit in the Borough during 1953 have been supplied by the Organising Secretary.

Of the total number of persons examined 0·44% were found to be suffering from active pulmonary tuberculosis compared with 0·34% for 1952. Abnormalities were discovered in 1·85% of the persons examined, compared with 3·08% for 1952.

Numbers X-rayed on Miniature Film—

					Male	Female	Total
General Public	...	...	...	...	1168	1468	2636
School children	...	...	...	...	420	700	1120
Children under 5	...	...	...	...	5	16	21
Others	...	...	...	...	383	152	535
					1976	2336	4312

Referred to Chest Clinic for large film	61	45	106—2·45%
--	----	----	-----------

Abnormalities found—

Active Pulmonary Tuberculosis	...	11	8	19
Inactive Pulmonary Tuberculosis	...	14	12	26
Pleural abnormalities	...	3	1	4
Bronchiectasis	...	8	3	11
Cardiac abnormalities	...	8	1	9
Thoracic neoplasm	...	1	1	2
Miscellaneous	...	7	2	9
		52	28	80

CANCER

This disease was responsible for 132 deaths during 1953, an increase of 10 on the number for 1952. 68 of these deaths were of males and 64 of females. Cancer of the lung accounted for 23 male deaths but only one female, while cancer of the breast and female genital organs caused the deaths of 20 women. Five of the deaths included in this category were certified as being due to leukaemia, a disease affecting the blood.

In the following table the deaths, excluding leukaemia, are classified according to age, sex and site affected:—

	Under 25		25/44		45/64		65/74		Over 75		Total		Gross Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Buccal Cavity and Pharynx	—	—	—	—	1	—	—	1	—	—	1	1	2
Digestive Organs and Peritoneum	—	—	—	1	9	8	13	10	9	6	31	25	56
Respiratory System ...	—	—	3	1	14	—	5	—	3	—	25	1	26
Uterus ...	—	—	—	1	—	3	—	—	—	2	—	6	6
Other Female Genital Organs	—	—	—	1	—	3	—	1	—	—	—	5	5
Breast ...	—	—	—	3	—	6	—	1	—	2	—	12	12
Male Genital Organs ...	—	—	—	—	1	—	—	—	1	—	2	—	2
Other and Unspecified Sites ...	—	1	—	2	2	2	2	2	2	2	6	9	15
Totals	—	1	3	9	27	22	20	15	15	12	65	59	*124

* This is 3 less than the official figure given by the Registrar General

The death-rate for the disease for the year 1953 is 1.77 per 1,000 of the population, a slight increase on last year's rate. The death-rate from this disease in England and Wales was 1.99.

The death rates from this disease for each of the past ten years have been:—

Per 1,000 of population							
1944	...	...	...	...	...	...	1.66
1945	...	...	...	...	...	...	1.96
1946	...	...	...	...	...	...	1.52
1947	...	...	...	...	...	...	1.63
1948	...	...	...	...	...	...	1.41
1949	...	...	...	...	...	...	2.07
1950	...	...	...	...	...	...	1.77
1951	...	...	...	...	...	...	1.89
1952	...	...	...	...	...	...	1.65
1953	...	...	...	...	...	...	1.77

FOOD POISONING

No outbreak of Food Poisoning occurred in the Borough during 1953. Three individual cases were investigated during the year but in no case was the infecting organism traced to any definite article of food.

HOME SAFETY

The Home Safety Advisory Committee formed early in 1952 held regular meetings throughout the year and talks

were given to members by officers of services and organisations interested in the prevention of accidents in the home.

A statistical report is submitted at each meeting showing the deaths resulting from accidents in the home and of the home accidents dealt with at Stockton and Thornaby Hospital.

The deaths due to accidents in the home are dealt with in the paragraph of this report dealing with violent deaths on page 25.

A summary of the home accidents dealt with at Stockton and Thornaby Hospital during the year 1953 is given below:—

Cause		Sex		Under 1	Age Periods						75 & over	Total
		M.	F.		1/4	5/14	15/24	25/44	45/64	65/74		
Falls	...	36	46	1	36	14	2	10	12	5	2	82
Burns	...	14	10	1	11	4	2	4	2	—	—	24
Scalds	...	16	19	—	15	6	9	4	1	—	—	35
Cuts	...	19	24	—	6	5	8	18	5	—	1	43
Others	...	21	18	—	11	11	4	7	6	—	—	39
<hr/>												
Total	...	106	117	2	79	40	25	43	26	5	3	223

It will be seen from the table that the most accident prone age group is that of the toddler (ages 1-4). 35% of all accidents reported occurred in this age group.

INFORMATION IN RESPECT OF THE SERVICES ADMINISTERED IN THE BOROUGH BY THE COUNTY COUNCIL UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

The Medical Officer of Health for the Borough is also the Area Medical Officer for the County Council for the No. 12 Area which comprises the whole of the Borough of Stockton-on-Tees. Part of the services of the administrative staff of the Health Department is paid for by the County Council.

MATERNITY AND CHILD WELFARE

There was no change during the year in the situation and numbers of sessions held at the six child welfare centres in the Borough. As no full-time Medical Officer has been appointed for this work the medical staffing of the centres

is still being carried out by medical practitioners employed on a sessional basis.

The following table shows the number of attendances made at each of the centres during 1953, the number of medical consultations, and the average attendances per session:—

CENTRE	A T T E N D A N C E S			Average attendance per session	Number of Medical Consultations
	Under 1 year	1/5 years	Total		
131 Norton Road ...	1991	497	2488	48.8	579
Woodlands, Yarm Lane ...	5046	1559	6605	45.8	509
St. Ann's Terrace...	1052	355	1407	29.3	367
Norton Green ...	3495	1291	4786	47.86	333
Brown's Bridge ...	2863	753	3616	73.7	574
Eastbourne Hall ...	1188	369	1557	32.4	262
Totals ...	15635	4824	20459	46.4	2624

The attendances at the Ante-Natal Centres were as follows:—

CENTRE	A T T E N D A N C E S			No. of Sessions	No. of Medical Consultations	Average Attendance
	Primary	Repeat	Total			
Norton Road ...	164	252	416	49	309	8.5
Robson Maternity Home ...	39	70	109	24	107	4.5
Totals ...	203	322	525	73	416	7.2

During 1953 the total attendances at the child welfare centres fell by 1,541, although the average attendance per session was practically the same as for 1952. Attendances at 131 Norton Road and Brown's Bridge increased, those at St. Ann's Terrace remained the same and Woodlands, Norton Green and Eastbourne Hall showed reductions. Although the total attendances at the centres was considerably reduced, the attendances of infants under one of age increased by 170.

Attendances at the ante-natal centres continued to be low, the average attendance being practically the same as last year. Ante-natal supervision is carried out in the majority of cases by the private practitioners booked to attend the confinement.

ARTIFICIAL SUNLIGHT CLINIC

Attendances		Total	Number of sessions	Average attendance
New cases	Repeat			
223	1027	1250	* 75	16.6

* Lamp out of use during July and August and part of September

HEALTH VISITORS

Five Health Visitors devote the major portion of their time to Maternity and Child Welfare work and one divides her time between tuberculosis home visiting, mental deficiency home visiting and maternity and child welfare.

During the year domiciliary visits were paid by these Health Visitors as follows:—

Maternity and Child Welfare	...	...	13946
Tuberculosis	...	...	949
General Health	...	...	11
Mental Deficiency	...	...	311
School	...	...	3
Total	...	...	<u>15220</u>

MIDWIVES

Ten midwives are employed by the County Council for work in the Borough. During the year 1953, 625 births were notified by these midwives, compared with 637 for 1952.

IMMUNISATION AND VACCINATION

Immunisation against diphtheria is carried out principally at Child Welfare Centres and by private medical practitioners. The number of children receiving a full course of injections during the year being as follows:—

Under 5 years of age	...	...	670
5-14 years of age	...	...	332
Total	...	...	<u>1002</u>

824 children received a reinforcing injection during the year.

525 persons, mainly children under one year of age were vaccinated against smallpox during the year and 108 persons were re-vaccinated.

DAY NURSERIES

Three day nurseries in the Borough provide accommodation for 152 children.

The number of places provided and the average daily attendance at each nursery during the year is given in the following table:—

NURSERY			No. on register 31/12/53	Average daily attendances		Total		
				Under 2 yrs.	2/5 yrs.			
Lorne Terrace	...	32	30	6.4	19.7	26.1		
Norton Road	...	60	57	11.1	20.2	31.3		
Durham Road	...	60	49	6.6	14.6	21.2		
Totals		152	136	24.1	54.5	78.6

Although attendances at the day nurseries have fallen off since increased charges for maintenance were introduced, there is no doubt these institutions are a great boon to many mothers whose circumstances render it imperative that they should go out to work. They also provide relief for mothers who are ill and in many cases children are admitted on medical grounds where it is anticipated that the routine of the nursery would be beneficial.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

Arrangements are in operation by which expectant and nursing mothers and children under five years of age who require dental treatment are referred to the School Dental Officers for examination and treatment.

Nine pre-school children were examined by School Dentists during the year under this arrangement. No expectant mothers were dealt with during the year. Cases requiring dentures are referred to private dentists.

HOME NURSING

During the year 1953, home nursing was carried out in the Borough by the District Nursing Association under an agreement with the County Council. During the year 1,318 new cases received nursing attention and 34,917 visits were made by the nurses.

CARE AND AFTER CARE OF SICK PERSONS

The functions of Tuberculosis Care Committees in Durham County were transferred to Area Health Sub-Committees in August, 1951, and were extended to include the care and after care of all sick persons.

The Durham County Council carries a stock of appliances and nursing equipment for loan in appropriate cases. During 1952 the following articles were provided for Stockton patients:—

Air Cushions	...	...	6	Dunlopillo Pillows (pair)	...	1
Air Rings	...	...	3	Urine bottle	...	1
Bedpans	...	...	3	Invalid Chairs (push)	...	15
Commode	...	...	1	Invalid Chair (chain-driven)	...	1
Bedrests	...	...	6	Invalid Chair (jr. push)	...	1
Dunlopillo Mattresses	...	...	2			

AMBULANCE SERVICE

The ambulance service consists of eight ambulances manned by 25 driver-attendants, and covers an area comprising the Borough of Stockton-on-Tees, the Stockton Rural District and Billingham Urban District.

The following is a summary of the work carried out during the year:—

Calls	...	...	...	...	...	...	15890
Patients carried:—							
Stretcher cases	...	...	...	...	...	4889	
Sitting cases	...	...	...	...	...	20513	
						25402	
Total Mileage	...	...	...	...	...	170897	

893 journeys, involving 14,745 miles, were carried out under an agreement with the North Riding County Council.

Calls on the ambulance service increased during the year by 1,621. The number of stretcher cases carried was less by 59 but the number of sitting cases increased by 2,442. The increased distance covered by the ambulances was 967 miles.

DOMESTIC HELP

An Assistant Domestic Help Organiser appointed by the County Council spends part of her time in Stockton and is responsible for the supervision of the service. At the end of the year 36 domestic helps were assisting 136 families. The majority of the domestic helps are casuals working part-time.

APPENDIX A **Birth-rates, Civilian Death-rates and Analysis of Mortality for the year 1953** Provisional figures based on Weekly and Quarterly Returns

	ENGLAND AND WALES	160 County Boroughs and Great Towns inc. London	160 Smaller Towns Pop. 25000-50000 1951 Census	LONDON ADM. COUNTY	STOCKTON- ON- TEES
Births per 1,000 Home Population:—					
Live births	15.5	17.0	15.7	17.5	19.28
Still births	0.35	0.43	0.34	0.38	0.63
	*22.4	*24.8	*21.4	*21.0	*31.80
Deaths per 1,000 Home Population:—					
All causes	11.4	12.2	11.3	12.5	10.84
Typhoid and Paratyphoid	0.00	0.00	—	—	—
Whooping Cough	0.01	0.01	0.00	0.00	—
Diphtheria	0.00	0.00	0.00	—	—
Tuberculosis	0.20	0.24	0.19	0.24	0.36
Influenza	0.16	0.15	0.17	0.15	0.08
Smallpox	0.00	0.00	0.00	—	—
Acute Poliomyelitis (including Polioencephalitis)	0.01	0.01	0.01	0.01	—
Pneumonia	0.55	0.59	0.52	0.64	0.55
Deaths per 1,000 Live Births:—					
All causes under 1 year of age	†26.8	30.8	24.3	24.8	30.74
Enteritis and Diarrhoea under 2 years of age	1.1	1.3	0.9	1.1	2.09

* Per 1,000 Total (Live and Still) Births

† Per 1,000 related live births

CAUSES OF DEATH IN STOCKTON-ON-TEES, 1953

Cause of Death							Total	Males	Females
All Causes							805	435	370
1.	Tuberculosis, respiratory						26	18	8
2.	Tuberculosis, other						1	1	—
3.	Syphilitic disease						2	1	1
4.	Diphtheria						—	—	—
5.	Whooping Cough						—	—	—
6.	Meningococcal infections						—	—	—
7.	Acute poliomyelitis						—	—	—
8.	Measles						1	—	1
9.	Other infective and parasitic diseases ...						1	1	—
10.	Malignant neoplasm, stomach						19	10	9
11.	Malignant neoplasm, lung, bronchus ...						24	23	1
12.	Malignant neoplasm, breast						12	—	12
13.	Malignant neoplasm, uterus						8	—	8
14.	Other malignant and lymphatic neoplasms						64	33	31
15.	Leukaemia, aleukeamia						5	2	3
16.	Diabetes						1	—	1
17.	Vascular lesions of nervous system						90	42	48
18.	Coronary disease, angina						126	80	46
19.	Hypertension with heart disease						14	10	4
20.	Other heart diseases						129	49	80
21.	Other circulatory diseases						23	11	12
22.	Influenza						6	3	3
23.	Pneumonia						41	24	17
24.	Bronchitis						37	26	11
25.	Other diseases of respiratory system ...						9	7	2
26.	Ulcer of stomach and duodenum						5	2	3
27.	Gastritis, enteritis and diarrhoea						6	3	3
28.	Nephritis and nephrosis						7	6	1
29.	Hyperplasia of prostate						7	7	—
30.	Pregnancy, childbirth, abortion						2	—	2
31.	Congenital malformations						14	8	6
32.	Other defined and ill-defined diseases ...						94	48	46
33.	Motor vehicle accidents						11	9	2
34.	All other accidents						15	7	8
35.	Suicide						5	4	1
36.	Homicide and operations of war						—	—	—

INFANTILE MORTALITY, 1953

Cause of Death	A g e a t D e a t h											Total under 12 mths
	M.	Sex F.	Under 1 day	1/7 days	1/4 wks	4 wks to 3 mths	3/6 mths	6/9 mths	9/12 mths			
Prematurity	6	3	7	I	I	—	—	—	—	9		
Atelectasis	3	I	4	—	—	—	—	—	—	4		
Broncho-pneumonia	4	4	—	—	I	3	—	2	2	8		
Other respiratory diseases	—	I	—	—	—	—	I	—	—	I		
Congenital malformations ...	9	5	6	—	3	2	I	I	I	14		
Gastro-enteritis ...	I	I	—	—	—	2	—	—	—	2		
Staphylococcal Septicaemia ...	I	—	—	—	—	—	—	I	—	I		
Diseases peculiar to early infancy ...	I	4	5	—	—	—	—	—	—	5		
Totals	25	19	22	I	5	7	2	4	3	44		

MATERNAL MORTALITY IN ENGLAND AND WALES AND STOCKTON-ON-TEES

CAUSE	Number of Deaths		Rates per 1,000 total (Live & Still) Births	
	England and Wales	Stockton-on-Tees	England and Wales	Stockton-on-Tees
Sepsis of pregnancy, childbirth and the puerperium	68	—	0·10	—
Abortion with toxæmia	7	—	0·01	—
Other toxæmias of pregnancy and the puerperium	166	—	0·24	—
Haemorrhage of pregnancy and childbirth	90	—	0·13	—
Abortion without mention of sepsis toxæmia	30	—	0·04	—
Abortion with sepsis	9	—	0·06	—
Other complications of pregnancy, childbirth and the puerperium	125	2	0·18	1·35
Totals	525	2	0·76	1·35

APPENDIX B

PARLIAMENT AND PUBLIC HEALTH

CANCER OF THE LUNG—SMOKING

Squadron-Leader Albert Cooper asked the Minister of Health whether he had now received the advice of the Standing Advisory Committee on Cancer and Radiotherapy on the

question of the relationship between smoking and lung cancer; and whether he would make a statement.

Mr. Mcleod: " Yes, Sir. The Standing Advisory Committee on Cancer and Radiotherapy have had this matter under consideration for three years. As a result of preliminary investigations, a panel* under the chairmanship of the Government Actuary was set up in 1953 to inquire and report. I have now been advised by the Committee in the following terms:—

' Having considered the report of the panel under the chairmanship of the Government Actuary on the statistical evidence of an association between smoking and cancer of the lung, and having reviewed the other evidence available to them, the Committee are of opinion:—

(1) It must be regarded as established that there is a relationship between smoking and cancer of the lung.

(2) Though there is strong evidence that the relationship is not a simple one, since:—

- (a) the evidence in support of the presence in tobacco smoke of a carcinogenic agent causing cancer of the lung is not yet certain;
- (b) the statistical evidence indicates that it is unlikely that the increase in the incidence of cancer of the lung is due entirely to increases in smoking;
- (c) the difference in incidence between urban and rural areas and between towns, suggest that other factors may be operating, e.g., atmospheric pollution, occupational risks.

(3) Although no immediate dramatic fall in death-rates could be expected if smoking ceased, since the development of lung cancer may be the result of factors operating over many years, and although no reliable quantitative estimates can be made of the effect of smoking on the incidence of cancer of the lung, it is desirable that young people should be warned of the risks apparently attendant on excessive smoking. It would appear that the risk increases with the amount smoked, particularly of cigarettes.'

I accept the Committee's view that the statistical evidence points to smoking as a factor in lung cancer, but I would draw attention to the fact that there is so far no firm evidence of the way in which smoking may cause lung

cancer or of the extent to which it does so. Research into the causes of lung cancer has been pressed forward by the Government and by other agencies in view of the increase in the incidence of this disease and we must look to the results of its vigorous pursuit to determine future action. I should also tell the House that before these recommendations were considered by Her Majesty's Government the tobacco companies had offered to give £250,000 for research. They have, on my advice, agreed to offer this money to the Medical Research Council."

(12th February).

* Consisting of Dr. Kendall (London School of Economics, Dr. W. P. D. Logan (General Register Office) and Dr. P. L. McKinlay (Superintendent of Statistics, Registrar-General for Scotland).

APPENDIX C

PARLIAMENT AND PUBLIC HEALTH

HOSPITALS (COST PER PATIENT)

Sir W. Smithers asked the Minister of Health the cost per week per patient including all items of treatment and accommodation in the State hospitals.

Mr. Ian Mcleod: "Details of the cost per week of treating and maintaining a patient for every National Health Service hospital, classified according to type, with regional and national averages for each type, are given in the Annual Hospital Costing returns, which explain the basis upon which the figures have been compiled. National averages for the main types of hospitals for the year ended 31st March, 1952, are shown in the following table and represent the average net cost after adjustment for outpatient attendances:—

1. Hospitals administered by hospital management committees—

Wholly general:—					£	s.	d.
1-50 beds	...	...	...	...	12	14	9
51-100 beds	...	...	...	...	14	7	2
101-300 beds	...	...	...	...	14	13	3
301-900 beds	...	...	...	...	14	11	7
Over 900 beds	...	...	...	...	10	9	10
All hospitals	...	...	...	...	14	5	11
Mainly general	...	...	...	...	12	10	10
Mainly Chronic	...	...	...	...	7	5	1
Chronic	...	...	...	...	6	0	0

						£	s.	d.
Convalescent	...	...	...	...	...	6	12	11
Isolation	...	...	...	...	...	17	0	1
Maternity	...	...	...	...	...	16	19	2
Mental	...	...	...	...	...	4	1	1
Mental deficiency	...	...	...	...	...	3	17	1
Orthopaedic	...	...	...	...	...	10	15	3
Tuberculosis	...	...	...	...	...	9	6	7
Tuberculosis and isolation	...	...	...	...	...	13	3	8

2. Hospitals administered by boards of governors of teaching hospitals—

Wholly general:—						£	s.	d.
London	...	...	...	...	...	23	13	8
Provinces	...	...	...	...	...	17	15	8

(3rd December).

APPENDIX D

LIST OF CLINICS AND TREATMENT CENTRES AVAILABLE IN THE BOROUGH

Child Welfare Centres

1. 131 Norton Road Wednesdays ... 2— 4 p.m.
2. Woodlands, 106 Yarm Lane Mondays 2— 4 p.m.
Tuesdays 10—12 a.m.
2— 4 p.m.
3. Baptist Sunday School,
St. Ann's Terrace Tuesdays 2— 4 p.m.
4. Schoolroom, The Green,
Norton Thursdays 10—12 a.m.
2— 4 p.m.
5. Methodist Sunday School,
Brown's Bridge,
Bishopton Road Fridays 2— 4 p.m.
6. Eastbourne Hall,
Appleton Road Mondays 2— 4 p.m.

Ante-Natal Centres

1. 131 Norton Road Thursdays 2— 4 p.m.
2. Robson Maternity Home ... Alternate Fridays 10—12 a.m.

Sunlight Clinic

- 131 Norton Road Two sessions weekly
(Treatment by appointment)

Day Nurseries

- | | | |
|----|----------------------|-------------------------------|
| 1. | Lorne Terrace | Accommodation for 32 children |
| 2. | Norton Road | Accommodation for 60 children |
| 3. | Durham Road | Accommodation for 60 children |

School Clinics

- | | |
|--|--|
| General Clinic, Woodlands,
106 Yarm Lane | Tuesdays and
Fridays 2— 4 p.m. |
| Specialist, Ear, Nose and Throat
Clinic, 78 Norton Road ... | By appointment |
| Specialist, Eye Clinic,
78 Norton Road | By appointment |
| Orthoptic Clinic, 78 Norton Road | By appointment |

School Dental Clinics

- | | | |
|----|---|------------|
| 1. | Woodlands, 106 Yarm Lane | Open daily |
| 2. | School Clinic,
78 Norton Road | Open daily |

Speech Therapy Classes

- | | |
|-----------------------|----------------|
| Nelson Terrace | By appointment |
|-----------------------|----------------|

Child Guidance Clinic

- | | |
|-----------------------|----------------|
| Nelson Terrace | By appointment |
|-----------------------|----------------|

Open Air School, Norton

Accommodation for 140 children

Venereal Diseases Clinic

- | | | |
|------------------------------|------------------|-----------|
| Stockton & Thornaby Hospital | Males—Tuesdays | 4— 7 p.m. |
| | Saturdays ... | 9—11 a.m. |
| | Females—Tuesdays | 2— 4 p.m. |
| | Fridays | 2— 4 p.m. |

Chest Clinic, Bowesfield Lane

By appointment

STOCKTON-ON-TEES COMMITTEE FOR EDUCATION

Report on the work of the School Health Service, 1953:—

Details associated with Education in the Borough—

Number of schools	27
These include 19 Primary Schools, five Secondary Modern Schools, two Grammar Schools and one Special Open Air School for Delicate Children	
Number of children for whom accommodation is provided ...	16,136
Number of children on roll at the end of the year	13,089

MEDICAL INSPECTION

Quite a large amount of routine medical inspection was carried out during the year in spite of the fact that for four months of the year only one School Medical Officer was available.

Dr. P. F. D’Arcy resigned at the end of June and the post was vacant until the 1st November, when Dr. James Carroll was appointed.

An extra nurse and clerk were appointed during the year to help with the medical inspection work, and this made it possible to arrange many extra sessions of routine medical inspection.

The number of children inspected in the prescribed age groups was 4,381. In addition, 225 children of various ages not within the prescribed groups were inspected.

3,559 children, referred by parents, teachers, school nurses or enquiry officers were examined as “Specials.”

802 re-inspections of children suffering from one or more defects were carried out during the year.

PUPILS FOUND TO REQUIRE TREATMENT

The number of individual pupils found at Periodic Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) is given below:—

Group					For Defective Vision (excluding squint)	For any other conditions	Total individual pupils
Entrants	...	...	...	...	125	197	290
Second Age Group	...	...	...	...	82	53	136
Third Age Group	...	...	...	...	103	32	131
Total (prescribed groups)					310	282	557
Other Periodic Inspections					10	13	23
Grand Total					320	295	580

The following table shows the number of defects noted at periodic and special medical inspections as requiring treatment or as needing to be kept under observation:—

DEFECT OR DISEASE				Periodic Inspections NUMBER OF DEFECTS Requiring treatment Requiring to be kept under observation		Special Inspections NUMBER OF DEFECTS Requiring treatment Requiring to be kept under observation	
Skin	...	...	...	23	11	38	4
Eyes—							
(a) Vision	...	...	...	320	414	436	235
(b) Squint	...	...	...	47	39	117	20
(c) Other	...	...	...	11	1	27	6
Ears—							
(a) Hearing	...	...	...	3	17	5	14
(b) Otitis Media	...	...	...	12	11	35	4
(c) Other	...	...	...	5	1	8	—
Nose and Throat	...	...	...	75	164	95	30
Speech	...	...	...	15	8	14	2
Cervical Glands	...	...	...	14	290	7	30
Heart and Circulation	...	...	...	1	64	1	87
Lungs	...	...	...	6	95	31	6
Developmental—							
(a) Hernia	...	...	...	1	1	—	1
(b) Other	...	...	...	2	2	1	—
Orthopaedic—							
(a) Posture	...	...	...	1	1	8	—
(b) Flat Foot	...	...	...	24	1	16	2
(c) Other	...	...	...	7	9	9	5
Nervous System—							
(a) Epilepsy	...	...	...	1	—	4	—
(b) Other	...	...	...	—	3	4	9
Psychological—							
(a) Development	...	...	...	1	3	9	3
(b) Stability	...	...	...	2	3	7	1
Other defect or disease	...	...	...	88	12	163	194

NUTRITION

The general condition of the pupils inspected was classified as shown in the following table:—

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
Entrants	2031	1308	64.40	669	32.93	54	2.65
Second Age Group ...	1132	653	57.68	444	39.22	35	3.09
Third Age Group ...	1218	826	67.81	341	27.99	51	4.18
Other Periodic Inspections	225	129	57.33	96	42.66	—	0.00
Total	4606	2916	63.30	1550	33.65	140	3.03

ARRANGEMENTS FOR TREATMENT—MINOR AILMENTS

The following table shows the number of defects treated or under treatment during the year:—

Defect	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Skin—Ringworm—		
(i) Scalp	8	—
(ii) Body	20	—
Scabies	19	—
Impetigo	162	7
Other skin diseases	20	13
Eye Diseases— External and other, but excluding errors of refraction and squint	320	1
Ear Defects	133	5
Miscellaneous— e.g. minor injuries, bruises, sores, chilblains, etc.	8817	48
Total	9499	74

School Nurses attended the seven minor ailment clinics regularly throughout the year, and gave such treatment as was required.

Children attending Ragworth Open Air School receive treatment in their own medical room.

The total number of attendances at the minor ailment clinics (including Ragworth Open Air School) during the year was 20,414.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

The Consultant Ophthalmic Surgeon attended the School Clinic twice weekly during 1953. 746 children attended for refraction examination and one for other defect of the eyes.

Spectacles were prescribed for 527 of the children examined, and of this number, 382 are known to have obtained spectacles.

Operative treatment for correction of squint was recommended in seven cases.

There were no new certifications during the year of blind or partially sighted children. One partially sighted child is awaiting admission to a special school.

ORTHOPTIC CLINIC

Orthoptic Clinic sessions were held twice weekly in 1953. Mrs. Martin, Orthoptist, reports as follows:—

Number of new cases registered	...	...	...	...	33
Number of children who attended during the year	...	...	...	...	30
Number of attendances	...	...	...	...	506
Number of sessions	...	...	...	...	95

Discharges

Number of cases discharged as satisfactory	...	...	...	22
Number of cases cosmetic cure only	...	...	...	5
Number of cases failed to improve	...	...	...	5
Number of cases left Stockton	...	...	...	3
Number of cases failed to attend	...	...	...	13

Total	48
-------	-----	-----	-----	-----	----

NOSE AND THROAT DEFECTS EAR DISEASE AND DEFECTIVE HEARING

Prior to retiring at the end of April, the Consultant Aural Surgeon held eight sessions at the School Clinic. 94 children, who had been referred because of ear diseases, defective hearing, enlarged tonsils and adenoids and/or other naso-pharyngeal defects were examined, of whom 82 were recommended for operative treatment.

DEAF CHILDREN—SPECIAL SCHOOL

Seven deaf and four partially deaf children attend Middlesbrough School for the Deaf, and one deaf child is at a Residential School for the Deaf.

One deaf child is awaiting admission to a special school.

ORTHOPAEDIC AND POSTURAL DEFECTS

Children needing treatment are referred, through their own doctor, to the Orthopaedic Department at Stockton and Thornaby Hospital or to other hospitals. 21 children received treatment as in-patients of hospitals and six children were treated at Thornaby School Clinic, where there is an out-patient department for children discharged from the Adela Shaw Orthopaedic Hospital, Kirbymoorside.

HOME TUITION

At the end of the year, 10 physically handicapped children and two delicate children were receiving home tuition.

HEART DISEASE

One child, who was operated upon in 1952, and who had attended Ragworth Open Air School for several years, was this year able to return to ordinary school.

EPILEPSY

One child suffering from epilepsy is in a Residential Special School, and one is at home, awaiting admission to such a school.

CHILD GUIDANCE CLINIC REPORT

Child Guidance in Stockton seems to have secured its place among recognised services to the community. This second year has shown a continuation and consolidation of work begun in the first year.

More children have been referred by local doctors than last year. Parents of children of all ages have come for advice and help, from the mothers of the four-year olds afflicted with temper-tantrums, who refuse to sleep, etc., to the parents of adolescent boys and girls exhibiting difficulties in behaviour after leaving school.

The schools have referred to us so many children that it is not possible to examine them all. There is always a waiting list.

Helpful discussions and conferences have been held with Probation Officers.

DIAGNOSTIC TESTING

All children brought to the Clinic do not necessarily require psychological treatment or remedial teaching. The Clinic has a wider function as an advisory service to parents on matters both social and educational. Parents from all

types of schools, including private schools, have taken advantage of this service to ask for advice on the education of their children. The future vocation of the child has to be considered in addition to his interests and abilities.

INTELLIGENCE TESTING

Intelligence testing has of necessity taken up much time. Before the Psychiatrist examines a child he requires an assessment of his intelligence. The routine testing of backward children must therefore be postponed till the emergency cases referred by doctors and probation officers have been interviewed.

Sometimes children were referred for backwardness primarily and the Psychologist noted peculiarities of behaviour during the examination. Further tests such as Raven's Controlled Projection Test, and Jung's Word Association Tests were accordingly applied. The mother was interviewed, the home visited and the child referred to the School Medical Officer if the cause of the behaviour seemed to be physical, i.e., deafness or poor visual acuity, etc., or to the Psychiatrist if the difficulty seemed to be emotional.

MENTALLY HANDICAPPED PUPILS (I.Q. —70)

The subnormal children examined were of a higher grade than last year. Several children, referred for restlessness and wilfulness in the Infant and Junior departments, were found on application of tests to be subnormal. It is to be regretted that more cannot be done for such children who are of too low a mental age to profit by instruction in school and require special help suited to their limited capacities. Teachers are to be congratulated on the successful way in which they cope with such children in large classes.

TABLE I

Intelligence Quotient—											
(—30)		(30-39)		(40-49)		(50-59)		(60-69)		Total	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
—	2	1	1	3	1	7	3	20	13	31	20
Complete Total ...										...	51
Age Range—											
Years		(3-7)		(8-11)		(12-14)		(15+)		Total	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
		7	4	10	8	11	8	3	—	31	20
Complete Total ...										...	51

THE PSYCHIATRIST'S REPORT

The Psychiatrist attends one session a week, as a consequence it is impossible for him to see all patients. He undertakes mainly diagnostic work for cases specially referred to him by the Psychologist, Probation Officers, School Medical Officer, and other Medical Practitioners, and has been able too, in addition, to give courses of treatment to a limited number of children and their parents. As can be seen from the statistics the type of case varies greatly, and includes all types of children's neuropsychiatric conditions.

As far as the psychiatric side is concerned it is strongly felt that the present service is only a mere beginning, and it is hoped that the scope and available time to be devoted to this work is going to be increased in the future, as it is necessary for a full Child Guidance Service to include long term treatment cases, which may have to be seen several times a week for a period of months, if not longer. As matters are at the moment there is also a waiting list of cases that are to be diagnosed and advised only.

In conclusion it can be repeated that although the scope and extent of the Psychiatrist's work is interesting and has proved useful it requires considerable extension.

TABLE II

Number of children interviewed ...	...	...	...	...	...	...	...	53
Number of children who have received psychotherapeutic treatment—								
Fears and morbid phantasies	...	...	...	...	...	...	...	1
Enuresis	...	...	...	...	...	...	...	9
Nail-biting	...	...	...	...	...	...	...	2
Adolescent Neurosis	...	...	...	...	...	...	...	2
Petty Thieving	...	...	...	...	...	...	...	4
Speech	...	...	...	...	...	...	...	1
Aggressive Behaviour	...	...	...	...	...	...	...	2
Sleep-walking	...	...	...	...	...	...	...	1
Sleep-disturbances	...	...	...	...	...	...	...	1
Temper-tantrums	...	...	...	...	...	...	...	1
Cyclical Vomiting	...	...	...	...	...	...	...	1
Psychosomatic Headaches	...	...	...	...	...	...	...	1
Sexual Offences	...	...	...	...	...	...	...	1
Constitutional Instability	...	...	...	...	...	...	...	3
Psychopathic Personality	...	...	...	...	...	...	...	1
Complete Total	...	...	...	...	...	...	...	31
Number of children discharged	...	...	...	...	...	...	...	4

THE DULL AND BACKWARD (I.Q. 70-85)

The number of backward classes in the Primary Schools remains the same as last year. Two Secondary Modern Schools have this year tackled the problem by "C" stream classes in one school, and a special backward class to which pupils go for certain subjects in the other.

While the Psychologist would like to help in the teaching of the dull and backward pupils, she is aware that it is not possible to do much with them in two half-hours a week. Such children require special help daily.

These children do not attend the Clinic unless their problem is other than backwardness, e.g., delinquency or aggressive behaviour, etc.

In 1946/47 in the Glasgow Child Guidance Service these children of I.Q. 70-85 were accepted for twice weekly sessions at Clinics in the city. "It was found" says their Report "that this arrangement was quite inadequate for their educational needs, whereas the amount of time spent on them by clinicians caused a serious hold up in other work. In many ways the children benefitted by the extra attention given but it was obvious that they needed daily supervision to effect real improvement."

EDUCATIONALLY RETARDED CHILDREN (I.Q. 85+)

The Psychologist's time this year has been devoted mainly to remedial teaching or educational therapy. For this there is a waiting list of 40. A school has been visited one morning each week for this purpose and it is hoped to spend another half day in another school. Most children, however, come to the Clinic.

It has been found, as is usual in Child Guidance, that the boys referred outnumber the girls and that poor reading ability is the main cause of retardation. The retarded child must be studied not only as an individual but also as a member of a family group, and of wider communities at school and in leisure. There is some problem when a child of average intelligence is retarded educationally. There are usually several causes of retardation but often one main cause. For example, one child was referred for inability to read, and the main reason for this was discovered. His young brother was much brighter, and this caused such a feeling of inferiority that his learning was inhibited. It was necessary to test the younger child, visit the home and convince

the mother that her attitude to her elder child was faulty inasmuch as she compared him unfavourably with the younger.

Some of the children referred were from homes where little encouragement was given to the child to learn. In one instance the father could not read.

Irregular attendance through illness caused several cases of retardation. Change of school and poor attendance caused others. It is evident that here is a vicious circle; non-attendance produces retardation and retardation produces non-attendance.

Defects of sight and hearing which had caused the child to fall behind accounted for four children. One child had high frequency deafness combined with speech defect.

Defects in auditory perception and visual perception were the causes of retardation in four children. Two had poor immediate memory combined with poor visual perception.. It is not possible to improve a child's weak memory but it is possible to get him to make the best use of the memory he has.

The children who attended for remedial teaching in arithmetic had poor number sense, and had not grasped various aspects of the fundamentals. Two girls had a definite dislike of the subject.

An intensive study is made as far as possible of each child's peculiar difficulties. It is the aim of the Clinic to change the attitude of the child to his school work, to make him independent and free by overcoming his difficulties in an atmosphere of maximum effort and minimum distraction.

PLAY THERAPY

The play-room is the most attractive room in the Clinic. It helps the children by allaying fears aroused by the term "Clinic."

A play-group for disturbed children has been held once a week. Play therapy is used chiefly with young children, always with pre school children with negativistic children, and with those who are anxious and aggressive. Here there is a socialising influence and the shy child can forget her fears when having donned a water-proof overall she plays with rubber toys in the bath, or slides down the chute. Paints, crayons, and plasticine are provided, and a sand tray is much appreciated by the children. The child is

observed under ideal conditions. By his choice of material, manner of using it, social contacts and failures, he gives the observer a real insight into his problems and personality. The play-rooms are of value not only for observation and diagnosis but also for therapy. Material such as the doll's house and the " world " of people, animals and motor cars, etc., is particularly valuable for the expression of phantasy.

Young children cannot express themselves in language. They express their fears, wishes, and dislikes in play. It is the bridge between their inner conflicts and the strange adult world which they do not understand.

RHYTHMIC MOVEMENT

A rhythmic movement class is held after school for nervous and aggressive girls, and indeed for any girls attending the Clinic. Problem children are frequently lacking in rhythm. The average attendance is seven and the maximum twelve. Relaxation exercises are given and folk dances are popular.

OCCUPATIONAL THERAPY

Owing to the number of children requiring Educational Therapy it has not been possible to arrange much Occupational Therapy. The walls of the play-room, however, testify to the enthusiasm of one budding artist of considerable merit. There is a great value in constructive activity but it is felt that the child's first task is to acquire proficiency in the basic subjects which are the tools of our civilisation. Teachers can hardly be blamed for grumbling at the waste of time when a child attends the Clinic for weaving, etc., when he cannot read.

HOME VISITS

The aim of social work in connection with Child Guidance is to establish good relationship with the parents and it is hoped that those responsible for the child's welfare will feel that the Clinic staff is ready and willing to help in any way possible.

The Psychologist has found unfailing courtesy in the Stockton homes.

VISITS TO SCHOOLS

These visits have not been as numerous as the Psychologist would have wished. It is hoped to arrange a time-table that will allow more visits to be made in the New Year.

Several visits were paid to the Open Air School. Most

children there have that mild vague generalised condition of ill-health which saps a child's strength and weakens his mental powers. Several children who showed poor attainment were tested and interesting discussions held with the Head Teacher.

VISITORS TO THE CLINIC

There have been many visitors to the Clinic. Students from Wynyard Training College came in groups to study our methods. Nurses and local doctors have paid visits.

Visitors include two groups of foreign students. Psychologists in the district have come to see the equipment and "set up" of the Clinic. Teachers have come more frequently this year to ask about text-books, etc.

LECTURES

Lectures to various groups of people have been given by the staff. In January, 1953, they addressed the Magistrates' Court. A series of six lectures to teachers of Junior Schools by the Psychologist were given on "The Education of the Slower Pupil." These included "Intelligence Testing," "The Mentally Handicapped Pupil," "The Teaching of Reading," and "The Teaching of Handwriting and Composition." Four lectures have still to be given in 1954.

The Clinic staff would like to thank the Committee for Education, the Education Officer, and the School Medical Officer, and their staffs, the Head Teachers and the staffs of the schools for their co-operation in the work of the Clinic.

SUGGESTIONS

A survey of the reading ability of children of age 11+ similar to that arranged by the Middlesbrough Head Teachers' Association.

A Group Intelligence Test for children of age 8+, to help in assessing innate capacity.

A survey of illiteracy among school leavers of age 14+.

APPENDIX

Sources of Referral

Medical Officer of Health	...	...	...	...	...	...	...	7
Assistant Medical Officer of Health	...	...	...	...	...	...	...	8
Local Medical Practitioners	...	...	...	...	...	...	...	18
Schools	...	...	...	...	...	...	...	147
Parents	...	...	...	...	...	...	...	17
Probation Officers	...	...	...	...	...	...	...	7
Total	...	...	...	...	...	...	...	204

Psychological Record

(1) Educational Retardation

General Backwardness	...	...	...	...	...	63
Backwardness in Reading	...	...	...	...	...	19
Backwardness in Arithmetic	...	...	...	...	...	13
Backwardness in Spelling	...	...	...	...	...	19

(2) Personality Maladjustment

General Instability	...	...	...	...	...	32
Anxiety or Obsessional States	...	...	...	...	...	6
Night Terrors, Nightmares, Sleep-walking	...	...	...	...	...	2
Emotional retardation and regression	...	...	...	...	...	4
Psychopathic personality	...	...	...	...	...	1

(3) Habit Disorders

Enuresis and soiling	...	...	...	...	...	16
Speech defect	...	...	...	...	...	7
Nervous tics	...	...	...	...	...	2

(4) Anti-Social Tendencies

Unmanageable behaviour	...	...	...	...	...	7
Aggression, Temper-tantrums	...	...	...	...	...	9
Sadistic tendencies	...	...	...	...	...	1
Truancy and Wandering	...	...	...	...	...	4
Theft	...	...	...	...	...	8
Lying	...	...	...	...	...	7
Malicious mischief	...	...	...	...	...	1
Sexual offences	...	...	...	...	...	1

(5) Social Difficulties

Strong physical factors	...	...	...	...	...	22
Strong home factors	...	...	...	...	...	20
Hereditary factors	...	...	...	...	...	5

(6) Special Interviews

I.Q. and advice	...	...	...	...	...	77
Vocational Guidance	...	...	...	...	...	2
Special Reports	...	...	...	...	...	6

Range in Intelligence

Intelligence Quotient		Boys	Girls	Total
130+	Very Superior Intelligence ...	6	4	10
116-129	Superior Intelligence ...	6	4	10
86-115	Average Intelligence ...	49	23	72
70-85	Dull and Backward ...	36	25	61
69 and under	Mentally Handicapped ...	31	20	51
Total ...		128	76	204

Age Range												
Years	(3-7)	(8-11)	(12-14)	(15+)	Total							
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	29	16	59	29	28	33	5	5	=	121	83	
	45		88		61		10		=	204		
	Still to be tested		...	...	...	...	...	...	...	...	256	
Reports												
Schools	201	
Medical Officer of Health	7	
Assistant Medical Officer of Health	8	
Medical Practitioners	18	
Probation Officers	7	
Interviews												
Parents	270	
Probation Officers	7	
Visitors to Clinic	168	
Visits to												
Schools	75	
Homes	22	
Durham Road Children's Hospital	1	
Examinations												
Education Tests (individual)	201	
Intelligence Tests (individual)	204	
Treatment												
Psychological Treatment	18	
Psychotherapeutic Treatment	31	
Educational Treatment												
Reading	36	Returned	...	...	...	...	...	20	
Spelling	36	Returned	...	...	...	...	...	20	
Arithmetic	20	Returned	...	...	...	...	...	15	
(Waiting List	40)									
Play Therapy	35									
Rhythmic Movement	14									
Occupational Therapy	4									

SPEECH THERAPY

	Non-Talkers	Stammer	Defective Articulation	Hard of Hearing
Total number on the register 1/1/53	—	105	241	4
Admissions	3	41	152	2
	3	146	393	6
Discharges	—	37	111	3
	3	109	282	3
Number on the register 31/12/53	3	109	282	3
Attendance % during the year has been	100%	93%	86%	96%

Above is a statement in numbers of children who have been in attendance at the speech clinic January to December, 1953. An analysis of the numbers show that of the 37

cases of stammer that have been discharged, 24 have left having attained normal speech. Of the 24, 16 are children who have been in attendance at the monthly groups, and of these 16, 6 were discharged from Infant, and 10 from Junior Departments of the schools. The remaining 8 children were discharged from Senior School Departments; 13 children still stammering were discharged from the clinic for various reasons; 2 Durham County children were transferred to a speech clinic nearer to their own homes; 1 child left the area; 10 left school still stammering. Of the 10, 2 are thought to be so nearly better that no further treatment is required; of the remaining 8 only 2 are Stockton children.

Of the 111 cases of defective articulation discharged, 99 have attained normal speech. Of the remaining 12, 2 have left the area; 2 County cases have been transferred to a clinic nearer home; 1 has attained speech that is considered normal within mental ability; 1 uneducable child was unable to benefit by speech therapy; 1 spastic child has been transferred to a spastic unit; 3 children from an Infant department were transferred to a teacher in the Junior School who takes over from the Speech Clinic cases of minor defects of articulation; 1 County case was withdrawn by the consent of the School Medical Officer, and 1 girl reached school leaving age. She had suffered from a gross defect of articulation during the whole of her school life. On leaving school her speech was intelligible but not normal.

Of the 3 hard of hearing cases that have been discharged, 1 has been transferred to the School for the Deaf; 1 was provided with a hearing aid which, with her knowledge of lipreading, enabled her to cope normally with lessons in school; 1 left the area.

One unusual admission this year, not accounted for in the above summary, is a case of laryngotomy. This pupil is already able to use his new voice to advantage.

It is not without significance that the 2 Stockton children who reached school leaving age still stammering, are 2 who were not recommended as being in need of treatment for stammer, until they were admitted to the Senior Department of their schools, although both had stammered during the whole of their school life. By the time they were admitted to the speech clinic, both had a deeply rooted stammer, and the time was long past when preventive treatment was of any avail.

Up to 31st July, 1953, 143 pre school and Infant School children have been admitted to the monthly play groups for stammerers, and the following table summarises the work accomplished with these groups during the past eight years.

Year	No. of admissions	Total Discharges											Left area before finishing treatment	Re-admissions	Re-discharged	Still under treatment
		1945	1946	1947	1948	1949	1950	1951	1952	1953	Discharges					
1945	4	...	...	...	4	...	...	...	...	...	4	...	...	...	...	...
1946	17	...	6	...	5	...	1	...	...	...	12	...	1	...	...	4
1947	11	...	...	2	5	...	2	...	1	...	10	...	...	1	...	1
1948	23	...	...	...	1	...	6	...	3	...	17	...	1	...	...	5
1949	16	...	...	...	...	...	...	5	1	...	9	...	...	1	...	7
1950	15	...	...	...	...	...	1	4	2	...	12	...	...	3	...	3
1951	17	...	...	...	...	...	...	...	1	...	2	...	1	...	...	14
1952	22	...	...	...	...	...	...	...	2	...	6	...	...	...	...	16
1953	18	...	...	...	...	...	...	...	...	2	2	...	...	...	3	16
Total	143	...	6	...	2	...	8	...	15	...	74	...	3	...	*6	66

* 2 extraordinary emotional stress, 3 backward readers, 1 scholarship stress, etc.

1. Of the 143, 118 commenced to stammer at the development of language; 25 commenced to stammer at the beginning of school life.

2. Of the 143, 71 had a family history stammer but only 36 contacted stammer in their own homes.

3. Of the 74 discharged with normal speech, 58 were discharged from the Infant Departments, 16 were discharged from the Junior Departments.

All of these children were very young when they were admitted to the clinic; they comprise a number of pre school children, but, for the greater part, they are children who have already been admitted to Infant Departments of schools, before being recommended for treatment which is purely by home guidance.

The degree of stammer found in this group of children has been very varied. In some it is marked, whilst others have shown only a slight tendency to stammer. Although so young some of them are already aware of their disability, whilst others, the youngest of all, seem never to notice it, even when it is quite severe. In any case, the symptom is the same at all ages, and can therefore rightly be called stammer whatever the age of onset; although I think the condition should not be looked upon as pathological until the child has become conscious of the interruption in his flow of speech and thought.

It is for this reason that an early admittance to the speech clinic is essential in all cases of stammer, and it was disappointing that during 1953, we had to admit two boys from a Junior Department who had stammered whilst still in attendance at the Infant Department of their school, as well as a girl from the Secondary School with a marked lisp, none of whom had been recommended as being in need of treatment for speech whilst they were in the Infant Departments.

As long ago as 1926, the Haddon Report recommended that one of the chief aims in the teaching of English should be to secure clear and correct speech. Much more recently, a report entitled, "Pupils Handicapped by Speech Disorders" has been published by the Advisory Council on Education in Scotland. Para. 101 of this latter report states:—

" . . . We would stress our opinion that the speech

therapist should be concerned only with those cases with whom the class teacher cannot be expected to deal."

It is not to be expected that the average classroom teacher will acquire a sufficient background in the technical and complicated field of speech pathology, nor could she be expected, amongst her numerous duties to find time to deal with any such cases that came her way, but every classroom teacher is to some extent the warden of right words agreeably spoken amongst the children whom she teaches. This work impinges upon both speech clinic and school. The speech therapist handles the more difficult speech problems, but does so in a situation apart from that in which the new skill is to be used. There is therefore a great need for more speech specialists in the normal schools, not only to help and encourage those children who are recovering from a serious speech disorder, but to develop clear confident speech and an interest and enthusiasm for spoken language throughout the schools.

Bearing this in mind, a two year course for teachers was commenced as part of the syllabus of the Stockton-on-Tees Technical and Evening Institute, commencing September, 1952. The aim was to prepare students for the new examination about to be set up by the London Guildhall School of Music and Drama, and is for a Certificate in Speech and Drama for Qualified Schoolteachers.

The work covers Speech Training; Speech Correction; Phonetics; Verse Speaking; Choral Speaking; Dramatic Movement and Mime; Improvisation and Playmaking; Drama and Theatre.

It was with very great pleasure that the following letter was received from the Guildhall, 7th January, 1954:—

" . . . By now, you should have received reports on Miss McLean's papers. I am pleased to say she gained 83 marks for Paper A and 82 marks for Paper B, 78 for School Inspection and 79 for Speech and Drama, so has passed the whole examination. I would like to congratulate you both on being the first to gain this new examination.

(Signed) J. A. FLETCHER, Clerk of Examination."

All teachers in attendance at the course for the new certificate are given the opportunity to observe speech correction lessons in the speech clinic, and to bring to the

clinic pupils for whom they need advice and help with a minor speech problem.

Numbers of visitors have been to the clinic during the year, including doctors, nurses, speech therapists from other areas, student speech therapists, head teachers, lecturers and student teachers from colleges, a group of German students and their tutor from one of the Durham Colleges, and other interested people.

All three members of the staff have given outside lectures on speech therapy and speech training to various Teacher, and Parent Teachers' Associations in the area.

DENTAL INSPECTION AND TREATMENT

The table shown below gives details of dental inspection and treatment during 1953. Most items show a decrease, due to shortage of staff:—

Number of pupils inspected—

(a) Periodic age groups	...	...	...	6,225	
(b) Specials	...	...	...	582	
				—	6,807

Number found to require treatment ... 3,966

Number referred for treatment ... 3,966

Number actually treated ... 2,647

Attendances made by pupils for treatment ... 2,853

Half-days devoted to—

Inspection	...	...	...	...	...	87	
Treatment	...	...	...	...	...	437	
						—	524

Fillings—

Permanent teeth	...	...	...	...	...	1,323	
Temporary teeth	...	...	...	...	...	63	
						—	1,386

Number of teeth filled—

Permanent teeth	...	...	...	...	...	1,263	
Temporary teeth	...	...	...	...	...	63	
						—	1,326

Extractions—

Permanent teeth	...	...	...	...	...	480	
Temporary teeth	...	...	...	...	...	2,962	
						—	3,442

Administration of general anaesthetics for extraction ... 1,149

Other operations—

Permanent teeth	...	...	...	...	...	409	
Temporary teeth	...	...	...	...	...	55	
						—	464

CLEANLINESS INSPECTIONS

The number of inspections carried out during the year totalled 45,877, the number of individual children found to be unclean being 1,180.

DAY OPEN AIR SCHOOL FOR DELICATE CHILDREN

The school has accommodation for 140 children, and at the end of the year there were 143 children in attendance.

Regular fortnightly visits by one of the School Medical Officers were made during the year for the examination of the children, and there were periodical re-examinations at the School Clinic of children discharged during the previous 12 months or so.

The types of case most usually admitted are debility, malnutrition, anaemia, bronchitis, asthma, rheumatism, chorea, suitable heart cases, cases of non-infective tuberculosis and convalescence after illnesses and operations.

During 1953, 65 children were admitted to the school, the various ailments for which they were admitted being as set out below:—

Bronchitis	...	...	...	...	...	...	21
Convalescence	...	...	...	...	...	...	10
Malnutrition	...	...	...	...	...	...	9
Nervousness	...	...	...	...	...	...	7
General debility	...	...	...	...	...	...	8
Non-infective tuberculosis	...	...	...	...	...	...	5
Heart cases	...	...	...	...	...	...	3
Asthma	...	...	...	...	...	...	1
Anaemia	...	...	...	...	...	...	1
Total							65

IMMUNISATION AGAINST DIPHTHERIA

Parents of children attending Infant Departments were sent leaflets, as in 1952, stressing the importance of having their children immunised against diphtheria, or of having a reinforcing injection if immunised in infancy, and many parents availed themselves of the facilities offered for immunisation of their children at the School Clinic.

286 children were immunised and 727 were given a reinforcing injection.

HENRY J. PETERS,

Borough School Medical Officer.

